COUNCIL OF LEGAL EDUCATION (CARIBBEAN)

ADMISSIONS BOARD

ENTRANCE EXAMINATION APPLICATION

FOR ADMISSION IN 20_____

TO

☐ EUGENE DUPUCH LAW SCHOOL
☐ HUGH WOODING LAW SCHOOL
☐ NORMAN MANLEY LAW SCHOOL

N.B. Read the accompanying INSTRUCTION & INFORMATION SHEET before completing this form.

Complete the form and return to the Convenor, Admissions Board, BY JANUARY 31 of the year of proposed entry. Complete form legibly and accurately. The Admissions Office will NOT process forms which are illegible or incomplete. THE EXAMINATION FEE AND ONE RECENT PASSPORT-SIZE PHOTOGRAPH SHOULD ACCOMPANY THE COMPLETED APPLICATION FORM. Type or use a ballpoint pen.

HAVE YOU PREVIOUSLY APPLIED TO SIT THE ENTRANCE EXAMINATION?

Yes ( ) No ( ) Date Applied ________________

SECTION A – Details of Applicant

LAST NAME ________________ First Name ________________ Middle Name (S) ________________

Dr. ( ) Mr. ( ) Mrs. ( ) Miss ( ) Ms. ( )

(Please print your name exactly as it appears on the document providing proof of your full legal name).

Previous Last Name (if changed) ________________

Correspondence Address

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Home Address (if different from correspondence address)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Telephone Numbers Where Applicant Can Be Contacted: Office:

Fax: __________________ Home: __________________ Cell: __________________

E-Mail: __________________ E-Mail: __________________

Next of Kin/Emergency Contact: __________________ Tel: __________________

Address: __________________

________________________________________________________________________

________________________________________________________________________

SEX: MALE ( ) FEMALE ( ) Date of Birth __________/________/________ MM DD YY

Country of Birth __________________ Country of Permanent Residence __________________

Nationality __________________