



**COUNCIL OF LEGAL EDUCATION  
EUGENE DUPUCH LAW SCHOOL**

*Excellence in Legal Education & Commitment to Social Service*



**APPLICATION FOR ADMISSION 20 \_\_\_/20 \_\_\_**

**TO**

**EUGENE DUPUCH LAW SCHOOL  
TWO-YEAR PROGRAMME**

*N.B. Read INFORMATION before completing this form.*

**Instructions: Complete this form and return it to the Registrar, Eugene Dupuch Law School NOT LATER THAN JANUARY 31 of the year of proposed entry. The Law School will NOT process any form which is illegible or incomplete or where accompanying certificates and documents have been altered. Type or use ball-point pen. ONE PASSPORT-SIZE PHOTOGRAPH SHOULD ACCOMPANY THE COMPLETED APPLICATION FORM. Please PRINT AND SIGN YOUR NAME AT THE BACK OF EACH PHOTOGRAPH.**

**PLEASE ASK THE REFEREES (TWO ARE REQUIRED) TO COMPLETE THE ENCLOSED FORMS AND RETURN THEM TO THE REGISTRAR.**

HAVE YOU PREVIOUSLY APPLIED FOR ENTRY TO THE TWO-YEAR LEGAL EDUCATION CERTIFICATE COURSE?

YES  NO  DATE APPLIED: \_\_\_\_\_

**SECTION A: - Details of Applicant**

**PLEASE PRINT YOUR NAME EXACTLY AS IT APPEARS ON THE DOCUMENT PROVIDING PROOF OF YOUR FULL LEGAL NAME**

LAST NAME FIRST NAME MIDDLE NAME(S)  
MR  MRS  MISS  MS  DR

PREVIOUS LAST NAME (IF CHANGED) \_\_\_\_\_

E-MAIL ADDRESS - \_\_\_\_\_

CORRESPONDENCE ADDRESS HOME ADDRESS  
(if different from correspondence address)  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBERS WHERE APPLICANT CAN BE CONTACTED:

OFFICE: \_\_\_\_\_ HOME: \_\_\_\_\_ MOBILE: \_\_\_\_\_ FAX: \_\_\_\_\_

GENDER: MALE  FEMALE  DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YEAR MONTH DAY

MARITAL STATUS: SINGLE  MARRIED  SEPARATED  DIVORCED

COUNTRY OF BIRTH: \_\_\_\_\_ COUNTRY OF PERMANENT RESIDENCE: \_\_\_\_\_

YEARS: FROM \_\_\_\_\_ TO \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_ CITIZENSHIP OF SPOUSE: \_\_\_\_\_

ARE YOU A CITIZEN OF ANY OTHER COUNTRY? YES  NO

IF YES, PLEASE LIST BELOW  
(A) : \_\_\_\_\_  
(B) : \_\_\_\_\_  
(C) : \_\_\_\_\_

CITIZENSHIP TO BE CONSIDERED FOR PURPOSE OF REGISTRATION: \_\_\_\_\_  
 (You **MUST** submit documentary evidence to support the status under which you wish to be considered)

PARENTS' CITIZENSHIP: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

NAME OF NEXT OF KIN/EMERGENCY CONTACT \_\_\_\_\_

TELEPHONE NUMBERS: OFFICE: \_\_\_\_\_ HOME: \_\_\_\_\_ MOBILE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**SECTION B - Additional Information**

**Medical Conditions / Disabilities**

Please state any physical or other disability/medical condition including any which might necessitate special arrangements or facilities.

\_\_\_\_\_

(Note: All students will be required to submit a medical report if offered a place in the programme)

**SECTION C - Educational Background**

INSTITUTION ATTENDED	YEARS ATTENDED	QUALIFICATIONS OBTAINED OR QUALIFICATIONS EXPECTED (GIVE DATES)
Undergraduate Level (Law)		
Other Degrees		
Postgraduate Level		

I CONFIRM THAT THE QUALIFICATIONS STATED ABOVE AND THE CERTIFICATES ATTACHED HERETO ARE TRUE, CORRECT.

**SECTION D - Other Information**

List any significant articles which you have published: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION E - Employment**

**Employment in the Legal Field**

Names and Addresses of up to Four (4) most recent employers	Nature of employment	From	To

**Other Employment**

Names and Addresses of up to Four (4) most recent employers	Nature of employment	From	To

**SECTION F - Good Character**

APPLICANTS FOR ADMISSION TO PRACTICE LAW ARE REQUIRED TO BE OF GOOD CHARACTER. THE FOLLOWING QUESTIONS ARE DESIGNED TO ENABLE THE LAW SCHOOL TO DETERMINE WHETHER THE APPLICANT IS OF GOOD CHARACTER. IF THE ANSWER TO ANY QUESTION IS AFFIRMATIVE, GIVE FULL PARTICULARS ON A SEPARATE SHEET OF PAPER WITH YOUR SIGNATURE AND YOUR NAME IN PRINT.

1. HAVE YOU EVER BEEN FOUND GUILTY OF ANY OFFENCE UNDER ANY STATUTE IN ANY JURISDICTION?  
 YES  NO   
 (PLEASE EXCLUDE TRAFFIC OFFENCES.)
  
2. HAS JUDGMENT EVER BEEN ENTERED AGAINST YOU IN ANY ACTION INVOLVING FRAUD?  
 YES  NO
  
3. ARE THERE ANY OUTSTANDING CIVIL JUDGEMENTS AGAINST YOU?  
 YES  NO
  
4. HAVE YOU EVER DISOBEYED ANY ORDER OF ANY COURT REQUIRING YOU TO DO OR TO ABSTAIN FROM DOING ANY ACT?  
 YES  NO
  
5. HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT?  
 YES  NO
  
6. HAVE YOU EVER BEEN SUSPENDED, DISQUALIFIED, CENSURED OR DISCIPLINED AS A MEMBER OF ANY PROFESSIONAL ORGANISATION?  
 YES  NO
  
7. HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY POST-SECONDARY EDUCATIONAL INSTITUTION?  
 YES  NO

**SECTION G - Application Fee**

THERE IS A NON-REFUNDABLE APPLICATION FEE OF **B\$50.00** THAT CAN BE PAID IN CASH OR WITH A MANAGER'S CHEQUE/DRAFT WHICH SHOULD BE MADE PAYABLE TO THE EUGENE DUPUCH LAW SCHOOL. THIS FEE INCLUDES THE COST OF PROCESSING OF THE APPLICATION AND PREPARATION MATERIAL AND **MUST** ACCOMPANY THE COMPLETED APPLICATION FORM. PERSONAL CHEQUES OR COMPANY CHEQUES WILL NOT BE ACCEPTED.

**SECTION H - Declaration**

I CONFIRM THAT I HAVE READ THE INFORMATION SHEET AND CERTIFY THAT THE INFORMATION GIVEN BY ME IS, TO THE BEST OF MY KNOWLEDGE, TRUE, COMPLETE AND CORRECT. I UNDERSTAND THAT ANY MISREPRESENTATION OR MATERIAL OMISSION OF FACT ON THIS OR ANY OTHER DOCUMENTS REQUIRED FROM ME BY THE COUNCIL OF LEGAL EDUCATION MAY BE CONSIDERED AS CONSTITUTING GROUNDS FOR DISCIPLINARY MEASURES INCLUDING SUMMARY EXPULSION.

**APPLICANT'S SIGNATURE:**

**DATE:**

**NOTE: THE COUNCIL OF LEGAL EDUCATION REQUIRES THAT AN OFFICIAL TRANSCRIPT OF ALL PREVIOUS AND CURRENT COLLEGE OR UNIVERSITY WORK TOWARDS A LAW DEGREE, BE SENT DIRECTLY TO THE REGISTRAR, EUGENE DUPUCH LAW SCHOOL BY THE AWARING INSTITUTION. CERTIFIED PROOF OF NATIONALITY IS REQUIRED OF ALL STUDENTS**

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**FOR OFFICIAL USE:**

DATE RECEIVED: \_\_\_\_\_

DECISION/REMARKS: \_\_\_\_\_

DOCUMENTS RECEIVED: \_\_\_\_\_

ACTION: \_\_\_\_\_

REGISTRAR: \_\_\_\_\_

DATE: \_\_\_\_\_

# REFERENCE

REFERENCE (PLEASE COMPLETE EITHER BY WRITING IN BLACK INK OR BALL-POINT OR BY TYING):

NAME OF APPLICANT: \_\_\_\_\_  
(PLEASE PRINT)

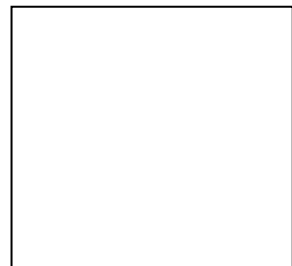
SIGNATURE: \_\_\_\_\_

NAME:  
(PLEASE PRINT) \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_

STAMP OF AUTHORIZATION



## REFERENCE

### NOTES FOR THE GUIDANCE OF REFEREES

THE REFEREE'S REPORT IS AN IMPORTANT PART OF THE SELECTION PROCESS. IT WOULD BE OF GREAT ASSISTANCE IF YOU COULD PROVIDE A REFERENCE IN THE SPACE OVERLEAF, CERTIFYING THE APPLICANT'S FITNESS FOR ADMISSION TO LAW SCHOOL.

THE REGULATIONS REQUIRE THAT A PERSON SO CERTIFYING MUST BE ONE OF THE FOLLOWING:

- (i) A JUDGE OF A SUPERIOR COURT; OR
- (ii) AN ATTORNEY-AT-LAW OF AT LEAST TEN YEARS EXPERIENCE; OR
- (iii) A MAGISTRATE; OR
- (iv) A PRINCIPAL OF AN EDUCATION INSTITUTION
- (v) A MEDICAL OFFICER WHO HAS BEEN REGISTERED TO PRACTICE AT LEAST SEVEN YEARS

ANY INFORMATION PROVIDED WILL BE HELD IN CONFIDENCE AND USED ONLY FOR ADMISSION PURPOSES.

ONCE YOU HAVE COMPLETED THE REFERENCE PLEASE SEND THE FORM DIRECT TO:

REGISTRAR  
EUGENE DUPUCH LAW SCHOOL  
THOMPSON BOULEVARD  
P.O. BOX SS-6394  
NASSAU, BAHAMAS

THANK YOU FOR YOUR ASSISTANCE.

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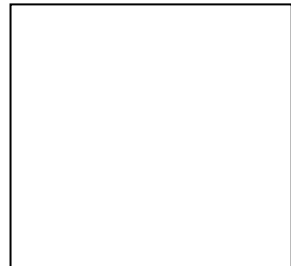
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