



COUNCIL OF LEGAL EDUCATION
APPLICATION FOR ADMISSION 20 ___/20 ___
TO
EUGENE DUPUCH LAW SCHOOL
SIX-MONTH PROGRAMME

**RECENT
PHOTOGRAPH**

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

Complete the forms in duplicate and return them to the Registrar, BY JANUARY 31 of the year of proposed entry. Transcripts should also be received by JANUARY 31. Complete forms legibly and accurately. The Law School will **NOT** process forms which are illegible or incomplete or where accompanying certificates and documents have been altered. **TWO PASSPORT-SIZE PHOTOGRAPHS AND A NON-REFUNDABLE APPLICATION FEE OF BAH\$100.00 (THAT CAN BE PAID IN CASH OR WITH A MANAGER'S CHEQUE/DRAFT MADE PAYABLE TO THE EUGENE DUPUCH LAW SCHOOL) SHOULD ACCOMPANY THE COMPLETED APPLICATION FORM.** Type or use ballpoint pen. **An additional fee of \$50.00 will be added for late applications.**

PLEASE ASK THE REFEREES TO COMPLETE THE ENCLOSED FORMS AND RETURN THEM TO THE REGISTRAR.

HAVE YOU PREVIOUSLY APPLIED FOR ENTRY TO THE SIX-MONTH LEGAL EDUCATION CERTIFICATE COURSE?

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 : _____ 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 _____ SPOUSE'S NATIONALITY _____

PARENT'S NATIONALITY : FATHER _____ MOTHER _____

MARITAL STATUS : SINGLE () MARRIED () SEPARATED () DIVORCED () WIDOW (ER) ()

SECTION B – Additional Information

DISABILITIES

PLEASE STATE ANY PHYSICAL OR OTHER DISABILITY/MEDICAL CONDITION INCLUDING ANY WHICH MIGHT NECESSITATE SPECIAL ARRANGEMENTS OR FACILITIES.

SECTION C – Educational Background

QUALIFYING LAW DEGREE

NAME OF INSTITUTION	FULL-TIME (FT) PART-TIME (PT) EXTERNAL (E)	START DATE (YEAR)	DATE OF ACTUAL OR ANTICIPATED PASSING (YEAR)	CLASS OF DEGREE IF ALREADY AWARDED			
				1 st	2.1	2.2	3 rd PASS ORD
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OTHER DEGREE

NAME OF INSTITUTION	FULL-TIME (FT) PART-TIME (PT) EXTERNAL (E)	SUBJECT OR DEGREE OR NATURE OF OTHER QUALIFICATION	START DATE (YEAR)	DATE OF GRADUATION (YEAR)	CLASS OF DEGREE IF ALREADY AWARDED			
					1 st	2.1	2.2	3 rd PASS ORD
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

POST GRADUATE QUALIFICATION

NAME OF INSTITUTION	FULL-TIME (FT) PART-TIME (PT) EXTERNAL (E)	START DATE (YEAR)	DATE OF ACTUAL OR ANTICIPATED PASSING (YEAR)	CLASS OF PASS
<input type="text"/>				

SECTION D – Employment

NON-LEGAL EMPLOYMENT

DETAILS OF EMPLOYMENT (EXCLUDING LAW RELATED EMPLOYMENT) NAMES OF UP TO TWO MOST RECENT EMPLOYERS	NATURE OF WORK/ EMPLOYMENT	FROM		TO		PT OR FT
		MO.	YR.	MO.	YR.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LEGAL EMPLOYMENT

HAVE YOU HAD OR ARRANGED ANY EMPLOYMENT/PLACEMENT OF A LEGAL NATURE? YES () NO ()

IF YES, PLEASE GIVE DETAILS

NAME OF EMPLOYER	NATURE OF WORK/ EMPLOYMENT	FROM		TO		PT OR FT
		MO.	YR.	MO.	YR.	

SECTION E – Admission to Practice in Other Jurisdictions

HAVE YOU EVER BEEN ADMITTED TO THE PRACTICE OF LAW IN ANY JURISDICTION OR COURT? YES () NO ()
 IF YES, KINDLY INDICATE BELOW THE PERIOD IN EACH JURISDICTION/COURT TO WHICH YOU HAVE BEEN ADMITTED:

JURISDICTION/COURT _____ DATE _____

JURISDICTION/COURT _____ DATE _____

JURISDICTION/COURT _____ DATE _____

JURISDICTION/COURT _____ DATE _____

JURISDICTION/COURT _____ DATE _____

JURISDICTION/COURT _____ DATE _____

PLEASE NOTE THAT A CURRENT CERTIFICATE OF GOOD STANDING IS REQUIRED FOR EACH JURISDICTION TO WHICH YOU HAVE BEEN ADMITTED. THE CERTIFICATE MUST BE AN ORIGINAL, SENT DIRECTLY FROM THE ISSUING INSTITUTION (S) TO THE REGISTRAR OF THE LAW SCHOOL. PHOTOCOPIES OR FAX COPIES ARE NOT ACCEPTABLE.

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.

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

SECTION G – Other Information

FURTHER PERSONAL INFORMATION
E.G. PUBLICATIONS, CAREER ASPIRATIONS, ACHIEVEMENTS, HOSSIES, INTERESTS, ETC.

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

FOR OFFICIAL USE:

DATE RECEIVED: _____
DECISION/REMARKS: _____
DOCUMENTS RECEIVED: _____
ACTION: _____

REGISTRAR: _____ DATE: _____

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

NAME OF APPLICANT: _____
(PLEASE PRINT)

SIGNATURE: _____

NAME:
(PLEASE PRINT) _____

STAMP OF AUTHORIZATION

POSITION: _____

DATE: _____



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.

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

NAME OF APPLICANT: _____
(PLEASE PRINT)

SIGNATURE: _____

NAME:
(PLEASE PRINT) _____

STAMP OF AUTHORIZATION

POSITION: _____

DATE: _____



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
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.