



COUNCIL OF LEGAL EDUCATION (CARIBBEAN)

ADMISSIONS BOARD

ENTRANCE EXAMINATION APPLICATION

FOR ADMISSION IN 20 \_\_\_\_\_

TO

RECENT PHOTOGRAPH

- 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 \_\_\_\_\_

**SECTION B - Educational Background**

**QUALIFYING LAW DEGREE**

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

**OTHER DEGREES**

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

**POST GRADUATE QUALIFICATIONS**

NAME OF INSTITUTION	FULL-TIME (FT)	PART-TIME (PT)	EXTERNAL (E)	START DATE	DATE OF ACTUAL OR ANTICIPATED PASSING (YEAR)	QUALIFICATION

**SECTION C - 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.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR OFFICIAL USE:

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

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

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

SECRETARY: \_\_\_\_\_

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