



UNIVERSITY OF BELIZE REGIONAL LANGUAGE CENTRE

APPLICATION FOR ADMISSION

All applicants must complete the application form and submit it along with the appropriate application credentials listed below to the:

The Office of Admissions
UNIVERSITY OF BELIZE
Hummingbird Avenue
P.O. Box 340, Belmopan, Cayo District
Belize, Central America

APPLICATION CRITERIA

1. Application fee of BZ\$30 or US\$15
2. One (1) Official or certified copy of transcript from at least a secondary school and a certified copy of diploma/certificate to prove completion of secondary education.
3. One (1) letter of recommendation with firsthand knowledge of your academic abilities
4. One (1) coloured passport-size photograph
5. Please note that you will be required to take a placement exam.

BIOGRAPHICAL INFORMATION

1. Name: _____
(Last) (First) (Middle)
2. Date of Birth: _____ 3. Gender: _____ 4. Marital status: _____
Month / Day /year
6. Country of Birth: _____ 6. Nationality: _____
7. Present Address: _____

- Email Address: _____
8. Home Phone Number: _____ 9. Work: _____

Receipt # _____

10. **EMERGENCY CONTACT INFORMATION**

Please complete the following information for two different emergency contacts.

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____ Name _____ Address _____ _____ Home Phone _____ Work/Cell Phone _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____ Name _____ Address _____ _____ Home Phone _____ Work/Cell Phone _____
--	--

11. **ACADEMIC DATA**

Name of Institution	Certification	From	To	Remarks

12. Other Qualifications: (external exams, diplomas, awards)

Qualifications	Examining Body	Grade	Year

13. Languages Spoken: _____

14. Languages Studied: _____

16. Language Training: _____

17. How did you find out about the RLC? _____

18. Academic Programme that you are applying for:

English as a Second or Foreign Language (ESL / EFL): ☐
Aug – May _____ **Aug – Dec** _____ **Jan – May** _____ **May – Aug** _____

Spanish as a Second or Foreign Language (SSL / SFL): ☐

19. I certify all statements given in this application are true and accurate to the best of my knowledge. I agree to abide by the rules and regulations of the Regional Language Center and to the University of Belize. I understand that the institution has the authority to verify school records submitted.

Applicant's Signature

Date

For Office Use Only

Application Evaluation *(Program Office)*

Program: _____

Date evaluated _____
Month/Day/Year

Name of Evaluator _____

Authorized signature: _____

Admissions Status

Level of Admission: _____ Scholarship: _____

Private: _____

Comments about Admissions Status _____
