



# International University of the Caribbean

[enrollment@iuc.edu.jm](mailto:enrollment@iuc.edu.jm)

## STUDENT APPLICATION FORM (UNDERGRADUATE PROGRAMMES)

[For office use only]

I. D. \_\_\_\_\_

### PHOTOS

2 recent passport size photos

Name: \_\_\_\_\_  
Surname Christian Middle

Maiden Name: (where applicable) \_\_\_\_\_ Sex:  Male /  Female

Permanent Address: (Home) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Place of Employment (Name & Address): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status:  S  M  D  W  
Year Month Day (Please Tick) Single Married Divorced Widowed

Nationality: \_\_\_\_\_ Religious Denomination: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_  
[In case of emergency]

Contact # (Kin): Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Programme interest: Please tick (✓) one

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> BA Guidance and Counselling             | <input type="checkbox"/> BSc Business Administration             | <input type="checkbox"/> BSc Hospitality Management                      |
| <input type="checkbox"/> B Ed Teacher Education (Primary)        | <input type="checkbox"/> BSc Programme and Project Management    | <input type="checkbox"/> Diploma in Theology                             |
| <input type="checkbox"/> BA General Studies                      | <input type="checkbox"/> BSc Hospitality Management              | <input type="checkbox"/> Certificate in Theology                         |
| <input type="checkbox"/> BA Degree in Media & Communication Arts | <input type="checkbox"/> BSc Degree in Nursing                   | <input type="checkbox"/> Certificate in Health Care                      |
| <input type="checkbox"/> BA Theology                             | <input type="checkbox"/> BSc Degree in Human Resource Management | <input type="checkbox"/> Certificate in Lay Pastors and Leaders Training |
| <input type="checkbox"/> BA Psychology                           |  |  |
| <input type="checkbox"/> BA Community Development                |  |  |

Mode of Study:  Part time  Full Time

Location of Study:  Central  Portmore  Oberlin

**EDUCATIONAL BACKGROUND**

Institution: \_\_\_\_\_ Certification: \_\_\_\_\_ Duration: \_\_\_\_\_  
(Specify Years)

Institution: \_\_\_\_\_ Certification: \_\_\_\_\_ Duration: \_\_\_\_\_  
(Specify Years)

Institution: \_\_\_\_\_ Certification: \_\_\_\_\_ Duration: \_\_\_\_\_  
(Specify Years)

Other training received: \_\_\_\_\_  
\_\_\_\_\_

**WORK EXPERIENCE:** *(List most recent first)*

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Duration: \_\_\_\_\_  
(Specify Years)

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Duration: \_\_\_\_\_  
(Specify Years)

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Duration: \_\_\_\_\_  
(Specify Years)

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Duration: \_\_\_\_\_  
(Specify Years)

**Voluntary/informal work experience:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL EXPERIENCE**

*Please indicate any other information about yourself which might help us to know you better (hobbies, family background, other interests or experiences, etc.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE WRITE AN ESSAY OF 250-300 WORDS STATING YOUR REASONS FOR WISHING TO ENTER THE PROGRAMME AND HOW IT WILL BENEFIT YOU AND THE WIDER SOCIETY. (PLEASE PLACE THIS ON A SEPARATE SHEET OF PAPER)**

**Release Form**

I, \_\_\_\_\_ hereby give permission to the International University of the Caribbean (IUC) and Mel Nathan College or the Institute for Theological and Leadership Development to use or display my photograph, if desired, in University publications or in any advertisement of the University and its courses.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**REFERENCES**

*(Please give the names of two persons – one of whom should be your present Supervisor/Employer –who can provide information about you.)*

1. Name of Referee: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_ Office: \_\_\_\_\_ Cell #: \_\_\_\_\_

2. Name of Referee: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_ Office: \_\_\_\_\_ Cell #: \_\_\_\_\_

**HOW DID YOU OBTAIN INFORMATION ABOUT IUC (ITLD/MEL NATHAN COLLEGE)?** (Tick all that apply)

- IUC Alumnae       IUC Student       School/College Fair       Media
- School Visit       Employer       Website
- Other (please specify) \_\_\_\_\_

**FOR IDENTIFICATION CARD PURPOSE**

**Instructions:** Kindly sign in the box provided below. Please avoid touching the borders when signing.

**FOR OFFICE USE ONLY**

Registration Receipt #: \_\_\_\_\_ Date Received: \_\_\_\_\_

	Photographs	Certificates	Transcripts	Essay	Birth Cert.	Marriage Cert.	Referees' Reports
Documents Received:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documents Pending:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Checked by: \_\_\_\_\_  
*IUC representative*

ADMIT \_\_\_\_\_ Date of Entry: \_\_\_\_\_

48 credits     60 credits     63 credits     90 credits     123 credits     135 credits

ADMIT WITH RECOMMENDATION \_\_\_\_\_

NOT ADMITTED \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_