



THE MICO UNIVERSITY COLLEGE

Passport Size
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Application for Admission to Undergraduate Programmes

Application forms not properly completed with relevant supporting documents will NOT be processed.
Please tick in the boxes applicable. *GREY AREAS SHOULD NOT BE COMPLETED BY THE APPLICANT.*

IDENTIFICATION NUMBER

SECTION A – PERSONAL DATA

Title (Mr. / Miss / Mrs.)
Last Name/Surname First Name Middle Name(s)

Maiden Name (if applicable) Sex: Male Female

Date of Birth TRN/National I.D. Religious Affiliation/Denomination
(dd/mm/yyyy)

Marital Status
Single Married Divorced Separated Widowed

Permanent Address
Home Phone Number Cellular Phone Number Work Place Phone Number

Mailing Address (if different from above):

E-mail Address:

Country of Birth Country of Citizenship Country of Residence
.....

Next of Kin: (Mr. / Miss/ Mrs.)
Last Name/Surname First Name Middle Name(s)

Relationship to Applicant

Home/Permanent Address

Home Phone Number Cellular Phone Number Work Place Phone Number

Fax E-mail Address

SECTION B – PROGRAMME DETAILS

To assist the applicant in completing this section, he/she is asked to note:

1. The Degree and Certificate programmes offered as well as the Faculty under which each programme falls are set out in the 'Undergraduate Programmes Listing' which is attached to this form.
2. Applicants are reminded that although each programme is administered by a specific Faculty, the content of programmes is often multi-Faculty, that is, the courses which constitute such programmes may be offered from two or more Faculties.
3. Applicants may select Majors and Minors from two separate Faculties. However, it is to be noted that not all Majors accommodate a Minor.

FACULTY OF FIRST CHOICE FACULTY OF SECOND CHOICE

PROGRAMME/MAJOR PROGRAMME/MAJOR

DESIRED YEAR OF ENTRY

FULL TIME PART TIME DAY EVENING EVENING/WEEKEND

SECTION C – EMERGENCY CONTACT

Title (Mr. / Miss/ Mrs.).....
Last Name/ Surname
First Name
Middle Name(s)

Relationship to Applicant.....

Home/Permanent Address.....

Work Place Address.....

Contact's Home Phone Number..... Contact's Cellular Phone Number.....

Contact's Work Place Phone Number..... Ext. Fax.

SECTION D – GENERAL INFORMATION

Have you previously studied at The Mico College/ University College or any other Teachers' College or University?
 Yes No If yes, please complete the following:

Name of Institution..... Identification (I.D.) Number.....
(If you previously attended The Mico)

Registered From: To: Programme.....

Do you have a disability? Yes No

If yes, please specify *(This information is needed in case special facilities are required)*.....

Do you wish to live in a Hall of Residence? Yes No
 If yes, please also complete and return the boarding form provided.

How did you obtain information about The Mico? School/College Fair School visit Internet
 Media Other *(Please specify)*.....

SECTION E – SECONDARY EDUCATION INFORMATION

List the name(s) of the high school(s)/ secondary institution(s) attended *(if not in Jamaica, please state country)*:

a)..... From..... To.....

b)..... From..... To.....

c)..... From..... To.....

d)..... From..... To.....

SECTION F – ACADEMIC ACHIEVEMENT RECORD

List all subjects at CXC (CSEC) General Proficiency and/or GCE Ordinary Level.

Examination Body e.g. CXC, Cambridge, London, AEB	Subjects	Results (Grade)	Date of Examination (dd/mm/yyyy)

List all subjects at CXC (CAPE) Unit 1 & Unit 2 and GCE Advanced Subsidiary and/or Advanced Level.

Examination Body	Subjects	Results(Grade)	Date of Examination (dd/mm/yyyy)

List academic programmes or examinations for which you are currently preparing or awaiting results.

Examination Body	Level e.g. CSEC, Cape or GCE 'O' and/ or 'A' Level	Subject/ Programme	Results Obtained	Date of Examination (dd/mm/yyyy)

List any post-secondary institution(s) you have attended, the courses and/or programmes (including degrees) you completed and which you wish to be used to satisfy Matriculation requirements.

Name of Institution	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Subject Area/Major	Type of Studies e.g. Course(s) or Full Programme	Certification e.g. Certificate, Diploma or Degree	Date Awarded

CO-CURRICULAR INFORMATION

List any sporting/cultural activities/service clubs in which you have played an active role.

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Do you play any musical instrument(s)?

a) Yes No b) If yes, please specify.....

SECTION G – FINANCIAL RESOURCE INFORMATION

Expected Source(s) of Funding:

Government S.L.B Loan Self JAMVAT
Parent(s) Award N.Y.S. Other

Are you a Mico Staff Member? Yes No Are you a dependent of a Mico Staff Member? Yes No

If yes, please state: If yes, please state:
Staff Identification Number..... Name of Staff Member.....

Department..... Department.....

Relationship to Applicant.....

Will you be able to meet your financial obligation to The Mico by July of the year of acceptance?

Yes No

SECTION H – EMPLOYMENT RECORD

List employment information starting with current (if not currently employed, list most recent) job.

a) Name of employer.....
 Job classification.....
 Address.....
 Town or Village/City & Street/P.O. Box
 Telephone Number..... Fax.....
 Parish.....
 Country.....
 From..... To.....

b) Name of employer.....
 Job classification.....
 Address.....
 Town or Village/City & Street/P.O. Box
 Telephone Number..... Fax.....
 Parish.....
 Country.....
 From..... To.....

SECTION I – REFEREE INFORMATION

Name Two Referees:

a) Name of Referee.....
 Name of Organization.....
 Position Held.....
 Address.....
 Town or Village/City/Street/P.O Box
 Telephone Number.....
 Parish/Country.....
 City/Town/Post Office.....

b) Name of Referee.....
 Name of Organization.....
 Position Held.....
 Address.....
 Town or Village/City/Street/P.O Box
 Telephone Number.....
 Parish/Country.....
 City/Town/Post Office.....

SECTION J – DECLARATION

I hereby certify that I have read and understood the instructions and the information necessary for completing this application and that all statements made are, to the best of my knowledge, true and complete. I intend to provide such fees as may be payable to The Mico. I understand that otherwise my admission to or registration at the institution may be revoked.

This application is made with my consent and I intend to provide such fees as may be payable to The Mico.

...../...../...../.....
Signature of Applicant Date (dd / mm / yyyy)

...../...../...../.....
Signature of Parent/Guardian/ Date (dd/ mm / yyyy)
Financial Benefactor (where applicable)

FOR OFFICIAL USE ONLY

Documents/Items Received

- Application Fee
- Birth Certificate
- Marriage Certificate
- Deed Poll
- Transcripts
- CXC/GCE Certificates
- Teachers' Certificate/ Diploma
- Other (specify).....

Original Documents Returned

Receipt No.

...../...../...../.....
 Signature of Admissions Officer Date (dd/mm/yyyy)

...../...../...../.....
 University Registrar Date (dd/mm/yyyy)

NOTE: ALL SECTIONS OF THIS FORM MUST BE COMPLETED IF APPLICABLE. FOR SECTION(S) NOT APPLICABLE, PLEASE WRITE "NA". ALL APPLICATIONS MUST BE ACCOMPANIED BY A COPY OF ACADEMIC AND BIRTH CERTIFICATES.