



The Mico University College

Graduate School of Education

1A Marescaux Road, PO Box 497, Kingston 5, Jamaica West Indies

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Website: www.themico.edu.jm

E-mail: gradschool@themico.edu.jm



Application for Admission to Graduate Studies

Master of Education in Special Education

This form should be completed and returned along with supporting documentation as required to the Graduate School of Education Office at The Mico University College, 1A Marescaux Road, Kingston 5, Jamaica, West Indies. Notarized documents may be emailed to gradschool@themico.edu.jm.

Data Protection Statement

By signing this form you are giving The Mico University College permission to use the provided information, along with any further information about you that the University may hold, for the purposes set out in the Postgraduate Data Protection Statement.

The information that you provide on your application form will be used for the following purposes:

- To enable your application for entry to be considered and allow our Admissions Advisors, where applicable, to assist you through the application process;
- To enable the University to compile statistics, or to assist other organisations to do so. No statistical information will be published that would identify you personally;
- To enable the University to initiate your student record should you be offered a place at the University.

All sections of this form must be completed where applicable. For section(s) not applicable, please write 'NA'. Please complete this form in BLOCK CAPITALS. Application forms not properly completed with relevant supporting documents will **not** be processed. Please put a tick (V) in the boxes where applicable. **Grey areas should not be completed by the applicant.**

DESIRED YEAR OF ENTRY:

IDENTIFICATION NUMBER:

SECTION A: PERSONAL DATA

1. Surname/Family Name:		2. First/Given Name(s):	
3. Previous Surname/Family Name (if applicable):		4. Title: <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other	
5. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
6. Date of Birth: ____/____/____ DD/ MM/ YYYY		7. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	8. Nationality:
9. Country of Birth:		10. Country of Permanent Residence:	
11. TRN/National ID:		12. Religious Affiliation:	

ADDRESSES

13. Permanent Home Address: (This must be completed)		14. Address for Correspondence (If different from home address):	

15. Tel. (Home):	16. Tel. (Cell):	17. Tel. (Work)	18. Email:
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NEXT OF KIN/EMERGENCY CONTACT

19. Surname/Family Name:		20. First/Given Name(s):	
21. Relation to Applicant:		22. Title: <input type="checkbox"/> Prof. <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other	

ADDRESSES (NEXT OF KIN/EMERGENCY CONTACT)

23. Permanent Home Address: (This must be completed)		24. Address for Correspondence (If different from home address):	

25. Tel. (Home):	26. Tel. (Cell):	27. Tel. (Work)	28. Email:
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SECTION B: GENERAL INFORMATION

29. 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:

30. Name of Institution:

31. Identification Number:
(If you previously attended The Mico)

32. Registered
FROM _____
TO _____

33. Programme of Enrollment:

34. Do you have a disability?

YES

NO

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

36. Please state any support required as a consequence of any disability or medical condition.

37. How did you first learn about the proposed programme of study at The Mico University College?

School/College Fair

Reference Book on Graduate Programme

Media

Current Student of the University

Employer

Careers Service

School Visit

Alumni

Other – Please specify

Advice from Another Educational Establishment

Prospectus

University Representative

Internet

SECTION C: EDUCATION AND QUALIFICATION

38. Are you a:

Pre-trained Graduate

Trained Teacher

Diploma Trained Graduate

39. Give details of further or higher education. Please provide information on qualifications already obtained and examinations still to be taken. If not in Jamaica, please state country:

Name and Address of Institution	Date of Attendance (month and year)	Qualification/Award (Include class & division or grade obtained if known)	Main Subjects
	FROM:		
	TO:		
	FROM:		
	TO:		
	FROM:		
	TO:		
	FROM:		
	TO:		
	FROM:		
	TO:		

NB: Please submit notarized copies of all certificates. Transcripts, with an unbroken seal, must be sent directly to the Graduate School of Education at The Mico.

SECTION D: ACADEMIC ACHIVEMENT RECORD

40. List all subjects taken at Secondary and Post-Secondary Level.

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

SECTION E: FINANCIAL RESOURCE INFORMATION

It is important that you give full consideration to how you will be able to finance your studies. For internal purposes, it is useful for us to know how you intend to finance yourself. Please tick as many boxes as apply:

41. Expected Source(s) of Funding:

- Government SLB Loan Self JAMVAT
 Parent(s) Award NYS
 Other - Please specify

42. Scholarship (if you are applying for or have obtained a scholarship please give details)

43. Which scholarship(s) have you obtained to date?

44. Are you a Mico Staff Member? YES NO
 If yes, please state:
 Staff Identification Number
 Department/Faculty

45. Are you a dependent of a Mico Staff Member? YES NO
 If yes, please state:
 Name of Staff Member
 Department/Faculty

46. Will you be able to meet your financial obligation to The Mico by July of the year of acceptance? YES NO

NB: No student may be admitted to the University without providing satisfactory evidence of their ability to meet the expenses of their proposed programme of study.

SECTION F: EMPLOYMENT RECORD

47. List employment information starting with your current job. If not currently employed, list your most recent job.

<p>A</p> <p>Name of Employer</p> <hr/> <p>Job Classification</p> <hr/> <p>Address(Town or Village/City & Street/P.O. Box)</p> <hr/> <p>Country</p> <hr/> <p>Telephone Number</p> <hr/> <p>Email</p> <hr/> <p>From To</p>	<p>B</p> <p>Name of Employer</p> <hr/> <p>Job Classification</p> <hr/> <p>Address(Town or Village/City & Street/P.O. Box)</p> <hr/> <p>Country</p> <hr/> <p>Telephone Number</p> <hr/> <p>Email</p> <hr/> <p>From To</p>
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SECTION G: REFEREE INFORMATION

48. Please give the name and address of two referees: one academic and one general.

A Name of Referee <hr/> Occupation <hr/> Name of Organisation <hr/> Address(Town or Village/City & Street/P.O. Box) <hr/> Country <hr/> Telephone Number <hr/> Email	B Name of Referee <hr/> Occupation <hr/> Name of Organisation <hr/> Address(Town or Village/City & Street/P.O. Box) <hr/> Country <hr/> Telephone Number <hr/> Email
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SECTION H: 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 University College.

...../...../...../...../.....
<i>Signature of Applicant</i>	<i>Date (DD/MM/YYYY)</i>	<i>Signature of Parent/Guardian Financial Benefactor (where applicable)</i>	<i>Date (DD/MM/YYYY)</i>

FOR OFFICIAL USE ONLY

Original Documents Returned

DOCUMENTS/ITEMS RECEIVED

- Application Fee
- Birth Certificate
- Marriage Certificate (where applicable)
- Deed Poll
- Transcript(s)
- Certificates
- Two References (academic & general)
- Personal Statement of Intent
- Passport size Photograph
- Other (specify).....

Receipt No.:

...../...../.....
<i>Signature (College Officer)</i>	<i>Date (DD/MM/YYYY)</i>

...../...../...../...../.....
<i>Signature of Applicant</i>	<i>Date (DD/MM/YYYY)</i>	<i>Signature (College Registrar)</i>	<i>Date (DD/MM/YYYY)</i>

All applicants should note that the University reserves the right to make without notice changes in regulations, courses, fees etc. at any time before or after a candidate's admission. Admission to the University is subject to the requirement that the candidate will comply with the University's registration procedure and will duly observe the Charter, Statutes, Ordinances and Regulations.