



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

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Passport Size
Photograph
Here

"DO IT WITH THY MIGHT"

Application for Admission to Graduate Studies Executive Master's in Educational Management-EMEM (Part Time)

This form should be completed and returned (along with supporting documentation as required) to the Graduate School of Education Office, The Mico University College, 1A Marescaux Road, P.O Box 497, Kingston 5, Jamaica West Indies. Two sealed references should be included with this application form.

Data Protection Statement

By signing this form you are giving the 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 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 names:	
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"/> Others:	
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. Present 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:
NEXT OF KIN/EMERGENCY CONTACT			
19. Surname/Family name:		20 First/given names:	
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"/> Others:	
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:

SECTION B-PROGRAMME DETAILS

Part-time(Evenings) Part-time (Weekends)

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 <small>(If you previously attended The Mico)</small>	32. Registered from _____ to _____	33. Programme Enrolled in:
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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. SPECIAL NEEDS OR SUPPORT
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?

<input type="checkbox"/> School/College Fair	<input type="checkbox"/> Reference Book on Graduate Programme	<input type="checkbox"/> Internet
<input type="checkbox"/> Current Student of the University	<input type="checkbox"/> Employer	<input type="checkbox"/> Media
<input type="checkbox"/> School Visit	<input type="checkbox"/> Alumni	<input type="checkbox"/> Careers Service
<input type="checkbox"/> Advice From Another Education Establishment	<input type="checkbox"/> Prospectus	<input type="checkbox"/> University Representative
<input type="checkbox"/> Others – Please Specify		

SECTION C-GENERAL INFORMATION

38. Give details of further or higher education since leaving school. Please provide information on qualifications already obtained and examinations still to be taken. *(if not in Jamaica, please state country):*

Name of institution/address	Date (month to year) of attendance	Qualification/award (include class & division or grade obtained if known)	Main subjects
	from:		
	to:		
	from:		
	to:		
	from:		
	to:		
	from:		
	to:		
	from:		
	to:		

SECTION D-EDUCATION AND QUALIFICATION

NB: Please submit both originals and photocopies of all documents such as certificates and diplomas. Transcripts must be presented with an unbroken seal from the previous institution. In addition to diplomas and certificates- international applicants are requested to provide official copies of their entire course transcripts including explanations of the mark schemes used and, where possible, an indication of their class ranking/position in class.

SECTION E-ACADEMIC ACHIVEMENT RECORD

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

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

SECTION F-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 S.L.B Loan Self JAMVAT
 Parent(s) Award N.Y.S.
 Other-Please specify

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

43. Name of scholarship(s)	44. Which scholarship(s) have you obtained to date?
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45. Are you a Mico Staff Member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state: Staff Identification Number Department/Faculty	46. Are you a dependent of a Mico Staff Member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state: Name of Staff Member Department/Faculty
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47. 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 G-EMPLOYMENT RECORD

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

SECTION H-REFEREE INFORMATION

49. Please give the names and addresses of your two referees below. Referees are required to comment on your academic suitability for your chosen programme of study in reference letter.

<p>a) Name of Referee</p> <p>Name of Organization</p> <p>Position Held</p> <p>Address (Town or Village/City & Street/P.O. Box)</p> <p>Telephone Number</p> <p>Country</p>	<p>b) a) Name of Referee</p> <p>Name of Organization</p> <p>Position Held</p> <p>Address (Town or Village/City & Street/P.O. Box)</p> <p>Telephone Number</p> <p>Country</p>
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SECTION I-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.

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

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

FOR OFFICIAL USE ONLY

<p>Documents/Items Received</p> <p><input type="checkbox"/> Application Fee</p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Marriage Certificate</p> <p><input type="checkbox"/> Deed Poll</p> <p><input type="checkbox"/> Transcript</p> <p><input type="checkbox"/> CXC/GCE Certificates</p> <p><input type="checkbox"/> Teachers' Certificate/ Diploma</p> <p><input type="checkbox"/> Other (specify).....</p>	<p><input type="checkbox"/> Original Documents Returned</p> <p>Receipt No.</p> <p>...../...../...../..... Signature (College Officer) (Date dd/ mm/ yy)</p> <p>...../...../...../..... Signature(College Registrar) (Date dd/ mm/ yy)</p>
<p>...../...../...../..... Signature of applicant Date (dd/ mm /yy)</p>	

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.