



# The Mico University College Graduate School of Education

1A Marescaux Road, PO Box 497, Kingston 5, Jamaica West Indies  
Phone: (876) 929-3643; (876) 929-5260-6/ Fax: 926-2238  
Website: www.themico.edu.jm  
E-mail: gradschool@themico.edu.jm

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## Application for Admission to Graduate Studies Master of Science in Mathematics 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:			

### 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:			

## 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:		



