



# The Mico University College

## Application for Admission to Undergraduate Programmes

### Instructions

Please complete this form digitally using **Adobe Reader (preferred)** or **Microsoft Edge Browser**. Email completed form along with supporting documents to [apply@themico.edu.jm](mailto:apply@themico.edu.jm)

Please upload a scanned copy or a **clear cell phone picture** of each supporting document.

### List of Supporting Documents

- |   |   |
|---|---|
| - Birth Certificate                                 | - Transcripts (for applicants with post-secondary certification)                              |
| - Marriage Certificate / Deed Poll (if applicable)  | - Two (2) letters of recommendation:  |
| - Picture Identification (Government or School ID)  |   |
| - Passport-Sized Photograph of Student              | Must be from any of these: JP, Principal, Police above inspector rank or Minister of Religion |
| - Taxpayer Number (e.g TRN, SSN)                    |   |
| - Examination Certificates - (e.g CSEC, CAPE, etc.) |   |
| - Diploma / Degree / Certificate (where applicable) |   |

## SECTION A – PERSONAL DATA

IDENTIFICATION NUMBER (Leave blank) .....

Title ( ) .....  
Last Name/Surname First Name Middle Name(s)

Maiden Name (if applicable)..... Sex:

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

Marital Status

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 (NoK): .....  
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:

- 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.
- 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.
- Applicants may select Majors and Minors from two separate Faculties. However, it is to be noted that not all Majors accommodate a Minor.

FIRST CHOICE FACULTY & PROGRAMME

SECOND CHOICE FACULTY & PROGRAMME

DESIRED YEAR OF ENTRY

PREFERRED TIME OF STUDY

## SECTION C – EMERGENCY CONTACT (EC)

**Title (Mr. / Miss/ Mrs.)**.....

<b>Last Name/ Surname</b>	<b>First Name</b>	<b>Middle Name(s)</b>
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**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?**

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 or special needs? 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.**

[illegible]

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

[illegible]

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	Date of Exam (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.

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 ☐

If yes, please state:  
Staff Identification Number.....

Department.....

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

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

Department.....

Relationship to Applicant.....

SECTION H – EMPLOYMENT RECORD

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

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

SECTION I – REFEREE INFORMATION

Name Two Referees:

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

SECTION J – DECLARATION

I hereby certify that I have read and understood the instructions for completing this application. I solemnly declare that the information I have provided is true and complete. I understand that The Mico University College reserves the right to cancel my application if the information I have provided on this application have been found to be false and/or fraudulent. I also understand that the information will be held in strictest confidence and used for administrative purposes only.

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

...../.....	...../.....
Signature of Applicant	Signature of Parent/Guardian/
(Please type your full name)	Financial Benefactor (where applicable)
Date (dd / mm / yyyy)	Date (dd/ mm / yyyy)
	(Please type their full name)

FOR OFFICIAL USE ONLY

Documents/Items Received	Original Documents Returned <input type="checkbox"/>
Application Fee <input type="checkbox"/>	Receipt No. ....
Birth Certificate <input type="checkbox"/>	
Marriage Certificate <input type="checkbox"/>	
Deed Poll <input type="checkbox"/>	
Transcripts <input type="checkbox"/>	
CXC/GCE Certificates <input type="checkbox"/>	Signature of Admissions Officer Date (dd/mm/yyyy)
Teachers’ Certificate/ Diploma <input type="checkbox"/>	
Other (specify).....	
	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.