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THE MICO UNIVERSITY COLLEGE
SCHOOL OF CONTINUING STUDIES

1A Marescaux Road, Kingston 5, St. Andrew, Jamaica. W.I.
Tel: 876-929-5260 Ext. 2809/2808 CUG: 876-857-0938 Email: scs@themico.edu.jm

Application for Admission to Pre-University Men’s
Programme (PUMP)

Kindly complete the form legibly and accurately. The School of Continuing Studies
will NOT process any form which is deemed incomplete

SECTION A- PERSONAL DATA

Identification #: FULL TIME ☐ PART-TIME ☐

NAME

DATE OF BIRTH

Surname (Family Name)

/ /

First Name

Middle Name

Telephone #:

PERMANENT ADDRESS

COUNTRY OF BIRTH

NATIONALITY

EMAIL ADDRESS:

MARITAL STATUS: Single ☐ Married ☐ Other ☐ Please specify:

TAX REGISTRATION NUMBER (TRN): - -

RELIGIOUS AFFILIATION:

SECTION B- EMERGENCY CONTACT

TITLE: Mr ☐ Mrs ☐ Miss ☐

NAME OF KIN:

RELATIONSHIP TO STUDENT:

Parent ☐ Guardian ☐ OTHER (PLEASE SPECIFY)

PERMANENT ADDRESS

EMERGENCY TELEPHONE #:

EMAIL ADDRESS:

EDUCATIONAL BACKGROUND

Name of Last School	Type (e.g. Secondary)	Year of Graduation	Completed Grade 11 (Yes/No)	Certificate Achieved (High Sch. Dip. Cert.)

QUALIFICATIONS

FORMAL QUALIFICATIONS (Please list below all the qualifications you have obtained including any vocational training received)

SUBJECT OR SKILL AREA	GRADE OBTAINED	DATE AWARDED/ EXPECTED	EXAMINATION BODY (e.g. ‘NCTVET, CSEC, City & Guild etc.)

CO-CURRICULAR INFORMATION

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

Do you wish to live on a Hall of Residence? Yes ☐ No ☐

HEALTH

Do you have any CHRONIC HEALTH conditions? (*E.g.* Asthma, Diabetes, Mental illness): Yes☐ No ☐
If *YES*, Please Specify _____

Do you have any PHYSICAL DISABILITIES? Yes ☐ No ☐
If *YES*, Please Specify _____

I declare that the information given on this application form is true and complete to the best of my knowledge and belief. I understand that any false or misleading information provided in my application and the violation of the rules and regulations of the School may result in disciplinary action or dismissal.

Signature: _____

Date: _____
(dd/mm/year)

FOR OFFICIAL USE ONLY

Documents required:

- Copy of Birth Certificate
- Passport Size Photograph
- TRN
- Recommendation
- Copy of Qualifications
- Proof of Payment
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

.....
Signature of Pre-University Officer

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