



Passport Size  
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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](mailto:scs@themico.edu.jm)

Application for Admission to Pre-University Programme  
for women

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

FULL TIME ☐ PART-TIME ☐

TITLE: Miss ☐ Mrs. ☐

Identification #: .....

NAME

DATE OF BIRTH

\_\_\_\_\_  
Surname (Family Name)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
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
- ☐

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.....  
Signature of Registrar

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