



BROWN'S TOWN COMMUNITY COLLEGE 20__/20__ APPLICATION FORM

APPLICATION INSTRUCTIONS

1. Complete **ALL** sections of this form, as appropriate.
2. Submit the following with your application:

Compulsory

 - a. Three (3) passport - sized photographs, with your name written on the reverse of each
 - b. Certified copy of your Birth Certificate
 - c. Certified copy of your Immunization Record
 - d. Certified copy of Examination Results **or** Professional Resume (for applicants seeking Mature Entry)

Where applicable

 - e. Certified copy of your Marriage Certificate
 - f. Certified copy of a Legal Affidavit or Deed Poll (if your name was changed via such method)
 - g. Evidence of TOEFL Score of 500 or greater (if English is not your first language)
 - h. Certified copy of Academic/Professional Certificates
3. Return the completed application form to the Admissions Office
4. Return for your interview on the date and time assigned to you.

Please Note the following:

1. Applicants for courses that require an entrance test are responsible for ascertaining the date and time of the test. The entrance test attracts a non-refundable fee, which must be paid on the morning of the examination.
2. In cases where the copies of documents submitted were not certified the applicant must take the originals to the interview.
3. Applicants are advised not to return applications by mail as this may result in the application being late. A late submission fee is charged based on the date of receipt by the college.
4. The College reserves the right not to process incomplete or incorrectly completed applications

SECTION A – PERSONAL DATA

1. Name			
Title (Circle one) Mr./Miss/Mrs.	Surname/Last Name	First Name	Middle Name(s)
2. Former Name(if applicable)		<input type="checkbox"/> Maiden <input type="checkbox"/> Prior to Deed Poll	
Surname/Last Name		First Name	Middle Name(s)
3. Have you previously applied to the College? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. If answer to question 4 is yes, please state the following:	
4. Have you previously been a student at the College? <input type="checkbox"/> Yes <input type="checkbox"/> No		(a) Identification Number	(b) From (year)
		(c) To (year)	(d) Campus
		(e) Programme	
6. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		7. Date of Birth (dd/mm/yyyy) ____/____/____	8. TRN Number
9. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		10. Religion/Denomination	
11(a). Do you have a disability? (This information is needed in case special facilities are required) <input type="checkbox"/> Yes <input type="checkbox"/> No		(b) If yes, please specify	
12. Country of Birth/National of	13. Country of Citizenship	14(a) Country of Residence	(b) Duration (years)

15(a) Are you a member of Staff at the College? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state: (b) Campus/Department: _____	16(a) Are you the Child of a Staff Member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the following for the Staff Member: (b) Name & Relationship: _____ (c) Campus/Department: _____
17. How did you obtain information about BTCC? <input type="checkbox"/> BTCC Alumni <input type="checkbox"/> Direct Mail <input type="checkbox"/> Employer <input type="checkbox"/> Internet <input type="checkbox"/> Media <input type="checkbox"/> Other : Please specify _____	

SECTION B – APPLICANT CONTACT INFORMATION

18(a) Permanent Address: Apt/Street/PO Box			19. Mailing Address (If different from 18) Apt/Street/PO Box		
City/Town/Post Office		Parish/ County	City/Town/Post Office		Parish/ County
State	Zip Code/Postal Code	Country	State	Zip Code/Postal Code	Country

20. Applicant Telephone & Email Information		21. Emergency Contact Information:			
Home/Permanent Phone () -		Title	Surname/Last Name		Middle Initial
Mailing Address Phone () -		21(b) Relationship of Contact			21(c) Permanent Address: Apt/Street/PO Box
Cell Phone () -		Emergency Contact Home Phone () -			
Work Phone () -		Emergency Contact Cell Phone () -			
Fax Number () -		Emergency Contact Work Phone () -			City/Town/Post Office Parish/ County
E mail Address Personal:		State		Zip Code/Postal Code	
Business:		Country			

SECTION C – PROPOSED PROGRAMME OF STUDY

22. 1 st Choice _____ 2 nd Choice _____		23. Proposed attendance Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
24. Courses/Subjects (if applicable): _____ _____ _____ _____		25. Career Choice(s) _____

SECTION D – EDUCATION HISTORY

Students who wish to obtain advanced placement and/or exemptions based on studies at other institutions must arrange to have the institution(s) send transcripts to the Admissions Office. Transcripts not in English *must* be accompanied by a certified English translation.

26. Previous Institutions attended

Name & Address of Institutions attended (begin with the LAST school you attended)	Period of Attendance (Month & Year)	
(i)	From:	To:
(ii)	From:	To:

27. Academic Qualification

SUBJECT (Enter the subjects for which the grades are known first.)	YEAR OF EXAMINATION	LEVEL (A-Level, O-Level, Etc)	EXAMINING BODY (CXC, GCE, Etc)	RESULT (If not yet known, enter PENDING for pending.)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

28. Leadership position(s)/position(s) of responsibility that you have held

29. List the Co-curricular Activities you have been involved in.

30. List the Awards received

ACTIVITIES	AWARDS

SECTION E – FINANCIAL RESOURCES

31. Source of Funding

- Government (specify): _____
 Loan
 Parents
 Self
 Donor (specify): _____
 Award (specify): _____

SECTION F – AFFIDAVIT

I _____ hereby certify that the information given in this application is complete and correct to the best of my knowledge. Further to that I authorize the use of the said information by the College for admissions purposes.

Signature of the Applicant

Date

FOR OFFICE USE ONLY

Application Fee Receipt # _____ Dated _____ Officer _____

Application Form Received on _____ by _____

- | | |
|--|--|
| <input type="checkbox"/> Completed Application form
<input type="checkbox"/> 3 Passport sized photographs
<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Immunization Card
<input type="checkbox"/> Marriage Certificate (where applicable)
<input type="checkbox"/> Legal Affidavit or Deed Poll if present name is different from that on the Birth Certificate
<input type="checkbox"/> Copies of Examinations Results | <input type="checkbox"/> Copies of Professional Certificates Etc. (where applicable)
<input type="checkbox"/> Official transcripts (sent directly from granting institution) (where applicable)
<input type="checkbox"/> TOEFL Score of 500 or greater (if English is not your first Language)
<input type="checkbox"/> 2 Character Reference Reports
<input type="checkbox"/> Professional Resume (Only for applicants seeking Mature Entry)
<input type="checkbox"/> Late Fee paid (where applicable) |
|--|--|

Entrance Test done on _____ Result _____

INTERVIEWER'S EVALUATION FORM

FOR USE OFFICE USE ONLY

Applicant's Name: _____

Programme: _____ Year: _____

Examination Results Checked Yes No

Applicant fully matriculated Yes No

Interviewer's Assessment of Student

Scores: Excellent → 5 Good → 4 Satisfactory → 3 Weak → 2 Unacceptable → 1

Area of Assessment	Score
Awareness	
Motivation	
Verbal Expression	
Appearance	
Department	
General Suitability	

Comments

Decision: [Tick and complete as appropriate]

- Accepted for programme of choice
- Conditions of Acceptance and/or subjects to be done (if applicable) _____

- Recommended for another programme [please specify] _____

- Cannot be accepted for any programme at this time [please state reason(s)] _____

Interviewed by _____ Date _____
Name and Signature DD/MM/YY

Brown's Town Community College

APPLICATION FOR ADMISSION

CHARACTER & PERSONALITY REFERENCE

As part of the College's application for admission prospective students are required to submit two (2) references (an academic and a non-academic) on forms provided by the College. Please complete the form below and return it to the candidate for submission as part of their application. At least one reference should be from the last institution attended and applicants with relevant work experience must have someone with knowledge of their employment activity to act as one of their referees.

Applicant's Name: _____

Name of Referee		Address: Apt/Street/PO Box	
Name of Organization		City/Town/Post Office	Parish/ County
Position	State	Zip Code/Postal Code	Country
Telephone(s)			
E-Mail Address			
REFEREE'S ASSESSMENT		KEY: 1 – Excellent; 2 – Good; 3 – Average; 4 – Below Average; 5 – Poor; U – Unable to Rate this Item	
ITEMS	RATING	COMMENTS	
Creativity			
Initiative			
Leadership Quality			
Self Confidence			
Sense of Responsibility			
Organization			
Attitude to work			
Team Spirit			
Concern for others			
Social Awareness			
Academic Achievement			
Co-curricular Contributions			
Signature and Stamp/Seal			

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Name of Referee		Address: Apt/Street/PO Box	
Name of Organization		City/Town/Post Office	Parish/ County
Position	State	Zip Code/Postal Code	Country
Telephone(s)			
E-Mail Address			
REFEREE'S ASSESSMENT		KEY: 1 – Excellent; 2 – Good; 3 – Average; 4 – Below Average; 5 – Poor; U – Unable to Rate this Item	
ITEMS	RATING	COMMENTS	
Creativity			
Initiative			
Leadership Quality			
Self Confidence			
Sense of Responsibility			
Organization			
Attitude to work			
Team Spirit			
Concern for others			
Social Awareness			
Academic Achievement			
Co-curricular Contributions			
_____		_____	
Signature and Stamp/Seal		Date (DD/MM/YY)	