



# 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: (876) 926-2238

Website: www.themico.edu.jm

E-mail: info@themico.edu.jm

Passport Size  
Photograph  
Here

**"DO IT WITH THY MIGHT"**

### Application for Admission to Graduate Studies Master of Arts in Teaching (Part Time)

This form should be completed and returned (along with supporting documentation as required) to the Graduate School of Education Office, The Mico University College, 1A Marescaux Road, P.O Box 497, Kingston 5, Jamaica West Indies. Two sealed references should be included with this application form.

#### Data Protection Statement

By signing this form you are giving the 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 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 names:	
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"/> Others:	
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. Present nationality:
9. Country of birth:		10. Country of permanent residence:	
11. TRN/National ID:		12. Religious Affiliation	
<b>ADDRESSES</b>			
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:
<b>NEXT OF KIN/EMERGENCY CONTACT</b>			
19. Surname/Family name:		20 First/given names:	
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"/> Others:	
<b>ADDRESSES (NEXT OF KIN/EMERGENCY CONTACT)</b>			
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-PROGRAMME DETAILS

Part-time(Evenings) Part-time(Weekends)

## SECTION C-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 <small>(If you previously attended The Mico)</small>	32. Registered from _____ to _____	33. Programme Enrolled in:
--------------------------	---	--	----------------------------

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. SPECIAL NEEDS OR SUPPORT

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?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> School/College Fair                         | <input type="checkbox"/> Reference Book on Graduate Programme | <input type="checkbox"/> Internet                  |
| <input type="checkbox"/> Current Student of the University           | <input type="checkbox"/> Employer                             | <input type="checkbox"/> Media                     |
| <input type="checkbox"/> School Visit                                | <input type="checkbox"/> Alumni                               | <input type="checkbox"/> Careers Service           |
| <input type="checkbox"/> Advice From Another Education Establishment | <input type="checkbox"/> Prospectus                           | <input type="checkbox"/> University Representative |
| <input type="checkbox"/> Others – Please Specify                     |   |  |

## SECTION D-EDUCATION AND QUALIFICATION

38. Give details of further or higher education since leaving school. Please provide information on qualifications already obtained and examinations still to be taken. *(if not in Jamaica, please state country):*

Name of institution/address	Date (month to year) of attendance	Qualification/award (include class & division or grade obtained if known)	Main subjects
	from:		
	to:		
	from:		
	to:		
	from:		
	to:		
	from:		
	to:		

39. Are you a:  Pre-trained Graduate  Trained Teacher  Graduate Trained (Graduate with Pre/Post No Diploma)

NB: Photocopies of all diplomas, certificates and course transcripts awarded for these qualifications must be enclosed with this application. In addition to diplomas and certificates- international applicants are requested to provide official copies of their entire course transcripts including explanations of the mark schemes used and, where possible, an indication of their class ranking/position in class.



## SECTION H-REFEREE INFORMATION

49. Please give the names and addresses of your two referees below. Referees are required to comment on your academic suitability for your chosen programme of study in reference letter.

<p>a) Name of Referee</p> <p>Name of Organization</p> <p>Position Held</p> <p>Address (Town or Village/City &amp; Street/P.O. Box)</p> <p>Telephone Number</p> <p>Country</p>	<p>b) a) Name of Referee</p> <p>Name of Organization</p> <p>Position Held</p> <p>Address (Town or Village/City &amp; Street/P.O. Box)</p> <p>Telephone Number</p> <p>Country</p>
--	---

## SECTION I-DECLARATION

I hereby certify that I have read and understood the instructions and the information necessary for completing this application and that all statements made are, to the best of my knowledge, true and complete. I intend to provide such fees as may be payable to The Mico. I understand that otherwise my admission to or registration at the institution may be revoked.

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

...../...../.....  
*.Signature of Applicant*                      **Date (dd / mm / /yyyy)**

...../...../.....  
*Signature of Parent/Guardian*      **Date (dd/ mm/ / yyyy)**  
*Financial Benefactor (where applicable)*

### FOR OFFICIAL USE ONLY

<p><b>Documents/Items Received</b></p> <p><input type="checkbox"/> Application Fee</p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Marriage Certificate</p> <p><input type="checkbox"/> Deed Poll</p> <p><input type="checkbox"/> Transcript</p> <p><input type="checkbox"/> CXC/GCE Certificates</p> <p><input type="checkbox"/> Teachers' Certificate/ Diploma</p> <p><input type="checkbox"/> Other (specify).....</p> <p>...../...../.....          Signature of applicant                      Date (dd/ mm /yy)</p>	<p><input type="checkbox"/> <b>Original Documents Returned</b></p> <p><b>Receipt No.</b> .....</p> <p>...../...../.....          Signature (College Officer) (Date      dd/      mm/      yy)</p> <p>...../...../.....          Signature(College Registrar) (Date      dd/      mm/      yy)</p>
--	---

**ALL APPLICANTS** should note that the University reserves the right to make without notice changes in regulations, courses, fees etc at any time before or after a candidate's admission. Admission to the University is subject to the requirement that the candidate will comply with the University's registration procedure and will duly observe the Charter, Statutes, Ordinances and Regulations.