


CARIBBEAN MARITIME INSTITUTE

	QUALITY MANAGEMENT SYSTEM PROCEDURES	Document No: CMI/ADM/FORM/001	Page 1 of 2
	TITLE: CMI APPLICATION FORM	Revision No.: 00	Revision Date: 1 st July, '08

SECTION 1 Personal & Contact Information


Surname		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		FOR OFFICIAL USE ONLY	
First Name		Date of birth:		Academic Year	
		(DD /MM/ YY)		Std. No.	
Other		Title		Course Code	
Address				Course No.	
Phone #				<input type="checkbox"/> F/Time <input type="checkbox"/> P/Time <input type="checkbox"/> Day Rel. <input type="checkbox"/> Evening <input type="checkbox"/> Other	
Email				Cost \$	
Mailing Address <i>(if different from above)</i>				Dept.	
Nationality				Documents submitted	
Next of Kin				Birth Certificate	
Relationship				Educational Cert.	
Address <i>(of Next of Kin)</i>				Photographs	
Phone #				Professional Cert.	
				Testimonials	
				Transcript	
				TRN	
				Passport	
				Medical Certificate	
				Police Record	

SECTION 2 Educational Background

Course applied for		Boarding required <i>(Please note: Boarding Application form must be completed)</i>	<input type="checkbox"/>
Part/Full Time (circle one)			
Indicate support/sponsorship	<input type="checkbox"/> Self <input type="checkbox"/> Govt. <input type="checkbox"/> Other	Name of awarding body	_____
YEAR (START – END)	Name of Educational/Training Institution	QUALIFICATION (Certificates, Degrees, Achievement, etc.)	

Candidates are required to submit proof of their qualification and training along with two testimonials from recognised officials, two notarized recent passport size photographs, copy of birth certificate, TRN (all originals must be presented) and pay a non-refundable application fee of J\$800.00 (Jamaican Residents) or US\$50.00 (overseas Students) to the Registry at the Caribbean Maritime Institute, Palisadoes Park, P.O. Box 8081, CSO Kingston, Jamaica, West Indies.

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SECTION 2 Education cont'd

RESULTS KNOWN					RESULTS AWAITED			
SUBJECT	EXAM. BODY	LEVEL (Gen; Basic; etc.)	YEAR	RESULT	SUBJECT	EXAM. BODY	LEVEL (Gen; Basic; etc.)	YEAR

SECTION 3 General and Other Information

REASON FOR APPLICATION *(Write a short paragraph)*

NAMES, ADDRESSES AND TELEPHONE NO. OF TWO (2) REFERENCES

1. _____ _____ _____	2. _____ _____ _____
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EXTRA CURRICULAR ACTIVITIES

PRACTICAL EXPERIENCE/EMPLOYMENT HISTORY

YEAR (START – END)	Name and Address of Employer	Position held/ Experience gained

I declare that the information on this application is correct and complete. I acknowledge CMI's right to cancel this application if the information contained in it has been misrepresented.

Applicant signature: _____ Date: _____