



**Samuel Jackman Prescod Institute of Technology**  
Wilkey, St. Michael, Barbados W. I. Telephone: 535-2200; Fax: 426-0843  
Website: www.sjpi.edu.bb

**BARBADOS CONSTRUCTION GATEWAY  
STUDENT APPLICATION FORM**

**INSTRUCTIONS:** Please complete this form in **CAPITAL LETTERS**

PERSONAL INFORMATION	
National Registration Number	
Title	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>
Surname	
First Name	
Other Names	
Home Address	
Mailing Address if different from Home Address	
Country of Birth	
Nationality	
Telephone	(Home) (Work) (Mobile)
Fax Number	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	Month Day Year
Email Address	

INTERNATIONAL STUDENT INFORMATION			
<b>Applicants born outside of Barbados MUST submit proof of their immigration status along with the application form.</b>			
Immigration Status			
Effective date:		Expiry date:	
Passport Number			

EMERGENCY CONTACT		
Name		
Address		
Telephone	(home)	(work) (mobile)

PROGRAMME INFORMATION (See list of programmes)	
First Choice	
Second Choice	
Type of study preferred	<input type="checkbox"/> Full-time All full-time programmes begin in August <div style="float: right;"> Part-time  <input type="checkbox"/> Paper-based  <input type="checkbox"/> Online  <input type="checkbox"/> Face-to-face </div>
Start Date (Part-time applicants only) Please indicate your preferred start date	<input type="checkbox"/> September <div style="float: right;"> <input type="checkbox"/> February </div>

EDUCATIONAL HISTORY		
Secondary School(s) Attended		
Years attended	From	To
	From	To

#### OTHER REQUIREMENTS

Does the programme/course you selected have prerequisites? Yes  No

Do you have the prerequisites, for the programme/course selected? Yes  No

If your answer is yes, state them below:

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Do you have the CXC CSEC in Mathematics, Grades I-III or its equivalent? Yes  No

Do you have the CXC CSEC in English A, Grades I-III or its equivalent? Yes  No

If your answer is yes, you will be exempted from the SJPI Entrance Examination in that subject.

#### NOTE

Original certificates with copies as proof of qualification and a valid form of identification **must** be presented to the SJPI office Wildey, St. Michael **ONE** (1) week after application.

**I hereby certify that the above information is correct. I understand that any false information submitted will invalidate my application. The SJPI reserves the right to discontinue undersubscribed programmes/courses.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date