Samuel Jackman Prescod Institute of Technology

Wildey, St. Michael, Barbados W. I. Telephone: 535-2200; Fax: 426-0843
Website: www.sjpi.edu.bb

STUDENT APPLICATION FORM

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

PERSONAL INFORMATION	
National Registration Number	
Title	Mr. □ Mrs. □ Ms. □ Dr. □
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 □ Female □
Date of Birth	Month Day Year
Email Address	

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

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

PROGRAMME INFORMATION (See list of programmes)	
Indicate Desired Programme (*Full-time: Monday – Friday, (9:00 a.m. to 4:00 p.m.)*	
Start Date	August / September

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

OTHER REQUIREMENTS

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

If your answer is yes, state them below:

_____

_____

Full time applicants only
Do you have the CXC, CSEC in Mathematics, Grades I-III?   Yes   □   No   □

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

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

NOTE

Proof of qualification 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.

_____   _____
             Signature of applicant   **Date**