INTRODUCTION TO NORTHERN CARIBBEAN UNIVERSITY

With excitement, we welcome you as a prospective student of Northern Caribbean University (NCU) and believe that the cultural diversity you will bring, will enrich all of us resulting in a mutually beneficial relationship. Since Northern Caribbean University is a Christian institution, we want to take this opportunity to introduce our campus-life programmes and hope that you will treasure the special educational environment we have created. Our Christian values system is intended to help integrate learning with living and to have our students enjoy deep, satisfying relationships among themselves and freedom to worship God.

Northern Caribbean University is owned and operated by the Seventh-day Adventist Church, which operates 87 colleges and universities throughout the world. It is part of the Protestant group of churches. Though the majority of our students belong to our church, more than 30% belong to other denominations. Students entering our university do not need to belong to our faith or any faith, but we ask that our on-campus value system be respected.

Christian Emphasis

Because of the University's Christian emphasis, we meet on different occasions during the week to give our Campus population an opportunity to associate in a non-academic environment. This produces a warm, cordial atmosphere that we enjoy and it allows students the opportunity to gain exposure to and take advantage of the many cultural, social and spiritual programmes available at the University. Undergraduate students are required to attend a campus-wide assembly twice per week at 2:00 pm. In addition, students living on campus are required to attend devotional services when they are held in the dormitories.

The University's *New Student Orientation Handbook* outlines the standards expected from students of Northern Caribbean University. Students are encouraged to deeply respect the rights and feelings of others. Tolerance and respect for all religions and ethnic groups is cherished and nurtured on our Campus. Personal appearance should reflect good taste. Northern Caribbean University promotes a balance in lifestyle that maximizes good physical as well as spiritual health and academic development. In light of this, students are expected to refrain from the use of alcohol, tobacco or illegal drugs while at the University.

Seventh-day Adventists acknowledge **Saturday** in their belief of God's personal act of creation of this world and for His personal involvement in the life of the persons He created. Saturday is called Sabbath and is observed from sunset on Friday to sunset on Saturday. The University requires all residence hall students who remain on campus for the weekend to attend all the worship services held during the Sabbath.

Conclusion

At Northern Caribbean University we want you to feel at home on our campus and enjoy a productive experience of: academic growth; lasting friendships; spiritual awareness; and a whole lot of fun. As we work together, we can enrich the University's community. We encourage you to give us suggestions on how we can make the campus a more positive part of your educational experience.

With the foregoing, if you do not foresee any problem as you anticipate enrolment at Northern Caribbean University, please sign the enrolment agreement and return it to Admissions & Enrolment Management. If you need further clarification, please write to us at the following address:

Office of Admissions & Enrolment Management
Northern Caribbean University
Mandeville, Manchester
Jamaica W.I.

Northern Caribbean University Tel: (876) 963-7250-5 Fax: (876) 963-7256 E-mail: admissions@ncu.edu.jm Website: www.ncu.edu.jm

NORTHERN CARIBBEAN UNIVERSITY

ENGLISH LANGUAGE PROFICIENCY EXAMINATION

Dear Applicant:

Northern Caribbean University is delighted that you have decided to pursue your degree here. We are committed to ensuring that you will receive *Quality Christ-centered Education* throughout your sojourn here.

Upon acceptance into the University, you are required to sit an *English Language Proficiency Examination* (ELPE-NCU) at the New Students Meeting. The results of this examination will be utilized in determining exemptions and advancement in the area of English Language during your enrolment into the University. This examination attracts a fee of seven hundred dollars ($700.00) which may be paid at any paymaster outlet to account number 141-22-001.

The structure of the examination will be in the form of an essay, reading/comprehension and grammar/mechanics. The duration will be two and a half (2 ½) hours, including allowance for collecting and distributing papers and for restroom.

The results of the examination will be posted on the University's Website or may be accessed through the Department of English and Modern Languages by calling (876) 963-7463.

Thank you for choosing Northern Caribbean University. Best Wishes.

Sincerely,

Donna Thomas, (Ms.)
Director

Northern Caribbean University Tel: (876) 963-7250-5 Fax: (876) 963-7256 E-mail: admissions@ncu.edu.jm Website: www.ncu.edu.jm

NORTHERN CARIBBEAN UNIVERSITY

UNDERGRADUATE APPLICATION CHECK SHEET

INSTRUCTIONS: **Please use this as a check sheet to verify that all the necessary documents have been sent to Northern Caribbean University within the deadline dates.** Complete the application form and return along with your non-refundable application fee.

Application fee rates are as follows:

		Late Application Fee
Jamaican Citizens	--- J$1000	J$2000
CARICOM	--- US$30	US$60
International Students	--- US$55	US$100

****Please ensure financial arrangements are made *prior* to registration. W***e do not accept local money orders.*****

**** Late fees become effective immediately after the application deadline of May 31 & October 31 of each year.****

☐ Pay application fee: (**Local**) Pay application fee *only* at Paymaster Acct. #111 5166 171

(**International**)
Wachovia Bank New York
Swift Code: PNBPUS3NNYC
ABA Code: 026005092

(**International**)
National Commercial Bank
Swift Code: JNCB JMKX 077 050
Acct. # 504255158

☐ Enclose your Enrolment Agreement Form (next page) with your application form

☐ Enclose four (4) passport size photographs of yourself. (Continuing Education applicants are required to submit two passport size pictures)

☐ Enclose your **medical and dental reports, immunization record** as well as certified copies of academic certificates, examination results, diplomas, etc. (Originals may be requested by the Office of Admissions & Enrolment Management for verification)

☐ Use the Transcript Request Form below to request an official transcript of all work done at schools you have attended, to be sent directly to the Office of Admissions or hand delivered in a sealed envelope (with signature on the inside and back)

☐ Have two (2) recommendations on the enclosed forms forwarded to the Office of Admissions or hand delivered. One should be sent from someone who can comment on your educational background and abilities; the other from your Minister of Religion/Church Leader/Justice of the Peace

☐ Request a transcript from the Overseas Examination Commission outlining your CXC/GCE results. Transcripts should be sent directly to the Admissions Office. (Preliminary slips or certificates will not be accepted)

☐ Enclose a copy of your Tax Registration Number (TRN)

☐ Please submit *completed* application form to the **Main Campus (Mandeville) only** and allow **4-6 weeks** for processing

ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF NORTHERN CARIBBEAN UNIVERSITY AND ARE NOT RETURNED OR FORWARDED IN ANY FORM OR FASHION

Northern Caribbean University Tel: (876) 963-7250-5 Fax: (876) 963-7256 E-mail: admissions@ncu.edu.jm Website: www.ncu.edu.jm

NORTHERN CARIBBEAN UNIVERSITY

A SEVENTH-DAY ADVENTIST INSTITUTION

ENROLMENT AGREEMENT

(THIS FORM SHOULD BE FILLED OUT BY *ALL* PROSPECTIVE STUDENTS)

Dear Applicant,

We congratulate you on choosing Northern Caribbean University (NCU) to further your educational pursuits. NCU is owned and operated by the West Indies Union Conference of Seventh-day Adventists, and was established in Mandeville in 1919 to prepare youth for a life of Christian service. The University applies Christian standards to deportment, moral conduct and attire on its campuses.

The following is a short list of some of the regulations with which you will be expected to comply. You will be provided with all student responsibilities outlined in the *Student Guide* given to you on acceptance to the University.

- Attendance at classes, assemblies and Chapel services
- Jewelry is not allowed (Wedding Token/Bands only)
- Tight pants/tight skirts with long splits are not allowed
- Shirts and blouses should be long enough to cover the midriff and underarm
- Shoes are preferred at all times. Slippers are considered inappropriate for classes
- Colorful cosmetics, outlandish hair dyes and hairstyles are prohibited
- Hair should be groomed and modestly kept

NB: The University reserves the right to impose rules and regulations and to enforce the same by appropriate actions for infractions, where necessary, inclusive of suspension or expulsion. The University may suspend or expel a student at any time because of unsatisfactory spirit, conduct or scholarship.

I pledge to co-operate and uphold the standards and regulations of Northern Caribbean University.

Name of Student: _____ Signature:_____
Print/Type

Parent or Witness: _____ Signature: _____
Print/Type

Date: ____/____/20___
DD / MM / YY

Main Campus Applicants Only

I / We, the undersigned, parent(s) of the above-named student do hereby authorize any officer or member of the faculty and staff of Northern Caribbean University, as my/our agent(s) in the case of sudden illness and/or stroke or injury, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or any hospital service which is deemed necessary by, and is to be rendered under the general or special supervision of a licensed physician, M.D., whether such diagnosis is rendered by family physician, public health nurse/nurse practitioner, at the University Health Services or at a hospital.

Consent is hereby granted by the undersigned to the Northern Caribbean University Health Services to release all pertinent medical histories and physical findings to the aforementioned physician.

Name of Student: _____ Witness: _____

Parent/Guardian:_____ Witness: _____

Date: ____/____/20___
DD / MM / YY

Northern Caribbean University Tel: (876) 963-7250-5 Fax: (876) 963-7256 E-mail: admissions@ncu.edu.jm Website: www.ncu.edu.jm

NORTHERN CARIBBEAN UNIVERSITY

FINANCIAL MEMORANDUM OF UNDERSTANDING

(THIS FORM SHOULD BE FILLED OUT BY *ALL* PROSPECTIVE STUDENTS)

SECURITY DEPOSIT *(Main Campus Students Only)*

Each student registered on the *MAIN CAMPUS* is required to make a security deposit as follows:

Jamaica --- **J$5,000.00** The Americas --- **US$ 750.00**
Africa --- **US$3,000.00** Cayman, Bahamas or Turks & Caicos Islands & CARICOM --- **US$550.00**

This deposit is to be made after receiving an **Acceptance Letter** and **Identification Number**. This deposit will be held as a security until the student graduates or withdraws from the University, at which time the deposit is refunded in full, providing no outstanding bill remains unpaid.

I plan to finance my education by:

- ☐ Self
- ☐ Work Study
- ☐ Parents
- ☐ International/Jamaica Government
- ☐ Sponsorship
- ☐ Student Loan

I_ _ _ _ _ _ __ _ _ _ _ _ __ _ _ _ _ _ __ _ _ _ _ _ __ _ _ _ _ _ __ _ _ _ _ _ __ _ _ _ _ _ _, the undersigned (student/parent/guardian/sponsor) am aware of the tuition and other related charges and hereby agree to make these payments on or before the registration date of the applicable semester. It is also my understanding that failure to make these payments does not obligate Northern Caribbean University and, accordingly, I accept fully, the consequences my failure to make these payments may cause.

Full Name: _____
(Student)

Signature: _____
(Student)

Tel#: (Home) _____(Mobile)_____
(Student)

Full Name: _____
(Parent/guardian/sponsor)

Signature: _____
(Parent /guardian/sponsor)

Tel#: (Home) _____(Mobile)_____
(Parent/guardian/sponsor)

This form must be signed and returned to the Office of Admissions & Enrolment Management before the student is given a Registration Package.

Northern Caribbean University Tel: (876) 963-7250-5 Fax: (876) 963-7256 E-mail: admissions@ncu.edu.jm Website: www.ncu.edu.jm

Photograph

NORTHERN CARIBBEAN UNIVERSITY

UNDERGRADUATE ADMISSIONS APPLICATION

Date: ____/____/20___
DD / MM / YY

I plan to enrol at NCU in: ☐August ☐January ☐Summer Year of 20___ Applying as: ☐Freshman ☐Transfer Student ☐Returning Student
Campus Choice: ☐ Mandeville ☐Mandeville Evening (Continuing Education Only ☐ Montego Bay ☐Kingston ☐Salem-St. Ann)

Legal Name: _____
Last First Middle Maiden

Permanent Address: _____
Number Street

_____
City Parish/State/Province Zip/P.O. Country

Telephone: (HOME) _____ (MOBILE) _____(WORK/Other) _____

E-mail: _____ E-mail 2: _____

Current Mailing Address: _____
☐ **Same as Permanent Address** Number Street

_____
City Parish/State/Province Zip/P.O Country

Address: Parent(s)/Guardian(s)
Same as: ☐ **Permanent Address** ☐ **Current Mailing Address**

_____
Number Street

_____
City Parish/State/Province Zip/P.O Country

Emergency Contact (Name)_____ **Relationship** _____E-mail: _____

Telephone# _____ Mobile: _____ Fax#_____

Admission is granted without regard to race, gender, or national origin.

GENDER: ☐ Female ☐ Male MARITAL STATUS: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐Widowed

Date of Birth_____/____/_____ Religious Affiliation: ☐ Seventh-day Adventist: (conference) _____
DD MM YYYY

☐ Name of church _____

☐ None ☐ Other (specify) _____

CITIZENSHIP: ☐ Jamaican ☐ CARICOM (specify)_____ ☐ International

Place of Birth (Parish/State):_____ Native Language: _____

(International students only) Country of Residence:_____ Visa Type: _____

Applicants for Kingston, Montego Bay, and Salem-St. Ann *MUST* have a Teaching **Diploma for Education & Counselling programmes**

Indicate your intended programme of study _____ Emphasis:_____
(See Programme Sheet for Options)

Indicate Level: ☐ B.Sc. ☐ B.A. ☐ A.Sc. ☐ A.A. ☐ Certificate ☐ Teacher Certification ☐ Diploma

Northern Caribbean University Tel: (876) 963-7250-5 Fax: (876) 963-7256 E-mail: admissions@ncu.edu.jm Website: www.ncu.edu.jm

List in chronological order, all schools attended beginning with your latest.

Institution	Dates of Attendance	Credits Earned	Degree Earned

☐ If you are enrolled in another college/university, please check here (If needed please use additional paper)

Please indicate your place of employment _____

IMPORTANT: Have your CXC/GCE/SAT sent directly to the office of Admissions & Enrolment Management at Northern Caribbean University.

List exams passed/pending with their levels. Send certified photocopies of passes/certificates to the Office of Admissions & Enrolment Management.

CXC/CAPE	LEVEL

GCE / A'LEVEL	LEVEL

OTHER (including SAT II)	LEVEL

SAT I Score _____ (if applicable) ACT Score_____

Please indicate where you plan to live while attending N.C.U.: ☐Residence Hall ☐NCU Approved Housing ☐Community

If you selected community, give the following information about the person(s) with whom you will reside.

Name_____ Relationship: ☐Family ☐Friend ☐Other _____

Address_____
Number Street

_____
City Parish/State/Province Zip/P.O Country

Telephone: (HOME)_____ (MOBILE)_____(WORK/Other)_____

E-mail: _____ E-mail 2: _____

Have you ever been dismissed from any institution for any reason? ☐YES ☐NO
If yes, briefly state reason(s) for dismissal.

_____
_____
_____
_____
_____

How did you hear about NCU? _____

Northern Caribbean University Tel: (876) 963-7250-5 Fax: (876) 963-7256 E-mail: admissions@ncu.edu.jm Website: www.ncu.edu.jm

NOT required for Salem, Kingston and Montego Bay

NORTHERN CARIBBEAN UNIVERSITY

MEDICAL REPORT

Every Item on this sheet should be completed by a Physician

Please note: Medicals are valid for two years

Student's Name: _____ Sex: ☐ Female ☐ Male Birth date:____/____/19___
LAST FIRST MIDDLE DD/ MM/ YY

Height:_____ Weight:_____

Vision and Pupils: without glasses-R_____L _____with glasses - R_____L_____

Hearing and Eardrums: R_____L_____

Temperature: _____P _____R _____Blood Pressure:_____

Head, face, neck, thyroid, Scalp: _____

Nose: _____Sinuses:_____ Mouth and Teeth:_____Tonsils:_____

Lungs and chest (including breast): _____

Heart (thrust, size, rhythm, sounds):_____

Lymphatic: _____Abdomen:_____ Vascular System: _____G.U. Systems:_____

Strength

Upper and Lower extremities-R.O.M.:_____

Spine, other muscular skeletal:_____

Feet: _____Skin: Fungi_____Ringworm_____

Neurology: reflexes, co-ordination:_____

Body marks, scars or tattoos:_____

Psychiatric (Personality deviation):_____ _____

General Systemic: _____

Rectal if indicated: _____Pelvis if indicated: _____

Do you consider this student physically and emotionally able to undertake the programme of study to be pursued? ☐ Yes ☐ No
Are you the applicant's regular physician? ☐ Yes ☐ No
Is a normal class load advised? ☐ Yes ☐ No
Are there any special health problems or precautions? ☐ Yes ☐ No
Is there medical care to be continued while person is student? ☐ Yes ☐ No
*If yes, please explain*_____
_____

Name of Physician:_____
Last First
Signature of Physician:_____
Address of Physician:_____
Tel# (WORK)_____(MOBILE) _____
Fax#:_____ Date of examination:____/_____/20___
DD/ MM / YY

Stamp Here

LABORATORY FINDINGS (CURRENT)

This can be done at the NCU Medical Technology Department

Haemoglobin:_____ Urinalysis:_____

Serology:_____ Sickle Cells:_____

Northern Caribbean University Tel: (876) 963-7250-5 Fax: (876) 963-7256 E-mail: admissions@ncu.edu.jm Website: www.ncu.edu.jm

NORTHERN CARIBBEAN UNIVERSITY

PHYSICAL EXAMINATION RECORD

THIS FORM SHOULD BE FILLED OUT BY *ALL* PROSPECTIVE STUDENTS

Students and/or parents may fill out this sheet. All medical, laboratory and dental work must be done before registering at Northern Caribbean University. **A copy of your immunization card or statement showing immunizations certified by your doctor/nurse/clinic is required.**

Name: _____ Sex: ☐ Female ☐ Male Birth date:____/____/19___

LAST FIRST MIDDLE DD/ MM/ YY

Home Address

_____

Street and Number City Parish/Province/State Country ZIP/P.O.

Telephone: (HOME) _____ (MOBILE)_____ E-mail: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed Nationality: _____ Age: _____

Person(s) to notify in an Emergency Situation:

Name: _____ E-mail: _____

Telephone: (HOME) _____ (MOBILE)_____ (WORK) _____

Address _____

Street and Number City Parish/Province/State Country

Please indicate if you have had any of the following illnesses:

☐ Allergies	☐ Anemia	☐ Anxiety	☐ Tension	☐ Illnesses requiring medication	☐ Dysmenorrhoea	☐ Measles
☐ Back Trouble	☐ Thyroidism	☐ Ulcer (stomach)	☐ Major Difficulty	☐ Brain Concussion	☐ Poliomyelitis	☐ Meningitis
☐ Cancer	☐ Chicken Pox	☐ Cold (frequent)	☐ Diabetes	☐ Bone or Joint Disorders	☐ Mumps	☐ Sleeplessness
☐ Sinusitis	☐ Ear Trouble	☐ Epilepsy or Fits	☐ Fainting Attacks	☐ Whooping Cough	☐ Speech Difficulty	☐ Blood in Urine
☐ Fatigue	☐ Hay Fever	☐ Headache	☐ Heart Disease	☐ Typhoid	☐ Mental Disorder	☐ Lung Disorder
☐ Hepatitis	☐ Hernia	☐ High Blood Pressure	☐ Minor Pressure	☐ Tonsillitis	☐ Kidney Trouble	
☐ Jaundice	☐ Asthma					

Please answer yes or no to the following questions. If the answer is yes, please explain (in the space provided)

☐ Yes ☐ No Other illness. If yes, please state condition _____

☐ Yes ☐ No Have you had any accidents? If yes, please state type of accident and subsequent effects _____

_____

☐ Yes ☐ No Do you have any physical disabilities? If yes, please state condition _____

☐ Yes ☐ No Have you had any fractures? If yes, please state body area _____

☐ Yes ☐ No Have you had any surgery? If yes, please state _____

☐ Yes ☐ No Do you take any medicine regularly? If yes, please state the medication_____

☐ Yes ☐ No Have you ever had any allergic reaction to serum or drugs? If so, please explain _____

_____

☐ Yes ☐ No Are you presently on medication?

☐ Yes ☐ No Do you use illegal drugs?

Name & Address of Family Physician or Public Health Nurse/Nurse Practitioner

Name: _____ Telephone: (OFFICE) _____ E-mail: _____

Address _____

Street and Number City Parish/Province/State Country

I, the applicant, certify that the information provided on this Physical Examination Record is true and complete:

Signature: _____ Date:____/____/20__

dd / mm / yy

NOT required for Salem, Kingston and Montego Bay

NORTHERN CARIBBEAN UNIVERSITY

DENTAL REPORT

Every Item on this sheet should be completed by a Dentist

Please note: Dental examinations can be done at the NCU Dental Lab for a reduced fee

Student's Name: _____
LAST FIRST MI

Sex: ☐ Female ☐ Male

Birth date: _____/____/19___
dd / mm / yy

(Place an [X] through an unreplaced missing tooth and a circle [⬭] around a carious tooth)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
R----------L
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Is there evidence of Periodontal Disease? ☐ Yes ☐ No

If dental work is to be done, do you feel it is ☐ Routine ☐ Emergency

Additional Information:

_____
_____
_____
_____
_____
_____

Name of Dentist:_____ Address of Dentist:_____
Last First

Signature of Dentist:_____ Tel# (WORK)_____(MOBILE)_____

Fax#:_____ E-mail:_____ Date of examination: _____/____/20___
dd / mm / yy

Northern Caribbean University Tel: (876) 963-7250-5 Fax: (876) 963-7256 E-mail: admissions@ncu.edu.jm Website: www.ncu.edu.jm

NORTHERN CARIBBEAN UNIVERSITY

APPLICATION REFERENCE FORM

(TO BE FILLED OUT BY YOUR PASTOR/MINISTER/JUSTICE OF THE PEACE)

TO THE RESPONDENT: Your evaluation of the named applicant to Northern Caribbean University will be appreciated. We need your candid appraisal of this individual, therefore this evaluation will be held in strict confidence. Please return it to us by following instructions at the bottom of the page.

ABOUT THE INSTITUTION: Northern Caribbean University, a liberal arts Seventh-day Adventist institution, established in Mandeville in 1919, has as its mission, quality Christ-centred education achieved through academic excellence, social interaction, physical and spiritual development and a strong work ethic, thereby fitting each person for committed professional service to country and to God.

Applicant's Name _____ Date: _____/_____/20_____
Surname First Middle dd / mm / yy

Intended programme of study _____

Home Address

_____
Street and Number City Parish/Province/State Country ZIP/P.O.

Please rate the applicant in the following areas: (Note-check box NOFO)
1-Outstanding 2-Good 3-Average 4-Below Average **5-NOFO** (if you have had no opportunity for observation)

INFLUENCE	1—2—3—4—5	INTEGRITY	1—2—3—4—5
CO-OPERATION	1—2—3—4—5	RELIABILITY	1—2—3—4—5
EMOTIONAL MATURITY	1—2—3—4—5	MATURITY	1—2—3—4—5
HONESTY	1—2—3—4—5	PERSONALITY	1—2—3—4—5
SPIRITUALITY	1—2—3—4—5	SCHOLASTIC ABILITY	1—2—3—4—5

Is the applicant a *member of your church* and in good and regular standing? (Please Comment)

_____

_____

Recommendation (check one):
☐ I recommend without reservations ☐ I cannot recommend at this time ☐ I recommend with reservations ☐ I do not recommend
☐ I would prefer talking to you personally

Name of Church _____

Name_____ Signature_____ Position _____
Surname First

Address._____
Street and Number City Parish/Province/State Country ZIP/P.O.

Telephone: (HOME)_____ (MOBILE)_____ (WORK/Other)_____

E-mail 1: _____ E-mail 2: _____

Please return directly to:
Admissions & Enrolment Management
Northern Caribbean University
Mandeville, Manchester
Jamaica, W.I.

NORTHERN CARIBBEAN UNIVERSITY

APPLICATION REFERENCE FORM

(TO BE FILLED OUT BY YOUR TEACHER/PRINCIPAL/GUIDANCE COUNSELLOR/WORK SUPERVISOR)

TO THE RESPONDENT: Your evaluation of the named applicant to Northern Caribbean University will be appreciated. We need your candid appraisal of this individual, therefore this evaluation will be held in strict confidence. Please return it to us by following instructions at the bottom of the page.

ABOUT THE INSTITUTION: Northern Caribbean University, a liberal arts Seventh-day Adventist institution, established in Mandeville in 1919, has as its mission, quality Christ-centred education achieved through academic excellence, social interaction, physical and spiritual development and a strong work ethic, thereby fitting each person for committed professional service to country and to God.

Applicant's Name _____ Date: _____/_____/20_____
Surname First Middle dd / mm / yy

Intended programme of study _____

Home Address

_____
Street and Number City Parish/Province/State Country ZIP/P.O.

Please rate the applicant in the following areas:
1-Outstanding 2-Good 3-Average 4-Below Average **5-NOFO** (if you have had no opportunity for observation)

INFLUENCE	1—2—3—4—5	INTEGRITY	1—2—3—4—5
CO-OPERATION	1—2—3—4—5	RELIABILITY	1—2—3—4—5
EMOTIONAL MATURITY	1—2—3—4—5	MATURITY	1—2—3—4—5
HONESTY	1—2—3—4—5	PERSONALITY	1—2—3—4—5
SPIRITUALITY	1—2—3—4—5	SCHOLASTIC ABILITY	1—2—3—4—5

Please comment below if the applicant has required school discipline, used illegal drugs or been under arrest.

_____

_____

Recommendation (check one):
☐ I recommend without reservations ☐ I cannot recommend at this time ☐ I recommend with reservations ☐ I do not recommend
☐ I would prefer talking to you personally

Name of Institution _____

Name_____ Signature_____ Position _____
Surname First

Address._____
Street and Number City Parish/Province/State Country ZIP/P.O.

Telephone: (HOME) _____ (MOBILE)_____ (WORK/Other)_____

E-mail 1: _____E-mail 2: _____

Please return directly to:
Admissions & Enrolment Management
Northern Caribbean University
Mandeville, Manchester
Jamaica, W.I.

NORTHERN CARIBBEAN UNIVERSITY

TRANSCRIPT REQUEST FORM

Tel: (876) 523-2489/523-2211

(APPLICABLE TO HIGH SCHOOL SENIORS OR PERSONS WHO HAVE COMPLETED TERTIARY STUDIES *ONLY*)

TO THE STUDENT: Please forward this form to each of the schools you have previously attended. If necessary, you may copy this form.

TO THE REGISTRAR: This person is applying for admission to Northern Caribbean University. Please enclose this form along with one copy of the applicant's transcript in an official envelope, addressed to Northern Caribbean University. Please seal the envelope; date, sign, stamp and place your seal on the back flap and return it to the applicant. Otherwise send the document directly to the Office of Admissions and Enrolment Management at the address below and notify the applicant that you have done so.

Please Note:

- Be sure to include instructions on how to interpret the transcript and an explanation of your grading system.
- If the transcript is not in English, please include an English translation.
- If for any reason you cannot comply with this request, kindly indicate the reason to Northern Caribbean University and to the applicant.

PLEASE MAIL TO: Northern Caribbean University
Admissions & Enrolment Management
Mandeville, Manchester
Jamaica, W.I

PLEASE PRINT LEGIBLY

_____ Date of Enrolment: _____/_____/20___

LAST FIRST MIDDLE MAIDEN dd mm yy

_____ _____

Address Programmes Studied:

_____ _____

City Parish/Province/State ZIP/P.O. Country Registered Name at Your Institution

Date of Birth: _____/_____/19___

dd mm yy

TO THE REGISTRAR:

I authorize the release of a transcript of my academic record to be sent to Northern Caribbean University, Mandeville, Manchester, Jamaica, W.I.

Signature: _____ Date: __/____/20__

dd / mm / yy

Northern Caribbean University Tel: (876) 963-7250-5 Fax: (876) 963-7256 E-mail: admissions@ncu.edu.jm Website: www.ncu.edu.jm

NORTHERN CARIBBEAN UNIVERSITY

NURSING COUNCIL OF JAMAICA
(Nurses and Midwives Act 1964)

Dear Applicant:

The following outlines the Nursing Council of Jamaica's minimum educational requirements for entry into Nursing /Midwifery Programmes.

Examinations and Grades

Five CXC General Proficiency Grades 1, 11 or 111 or GCE O Level Grades A, B or C or a combination of CAPE (Grades 1-4) and CXC/GCE subjects as outlined below.

Three **compulsory** subjects are required:

1. English Language or Cape Communication Studies
2. Science - Biology **or** Human and Social Biology **or** Integrated Science or Cape Biology
3. Mathematics **or** Cape Pure **or** Applied Mathematics

Choose two (2) other subjects from the list below

Please note a subject passed at different levels or from different examination boards will be counted as ONE subject for matriculation purposes. For example, French passed at CSCE and or GCE and or CAPE, would be regarded as one subject.

CXC/CAPE

Agricultural Science (double/single)
Caribbean History
Chemistry
Economics
English Literature **or** Literatures in English (CAPE)
Food & Nutrition
French or Modern Languages
Geography
Home Economics Management
Information Technology (general/technical) **or** CAPE Computer Science or Computer Studies
Physics
Principles of Accounts
Principles of Business **or** CAPE Management of Business
Religious Education
Social Studies **or** CAPE Caribbean Studies **or** Sociology
Spanish **or** Modern Languages

GCE

Accounts
Business Studies
Chemistry
English Literature
Food & Nutrition
French
Geography
History
Information Technology
Physics
Psychology
Religious Education/Bible Knowledge
Spanish

Please note that the following subjects are not accepted for the Nursing Programme:

Visual Arts	Physical Education	Office Procedures/Administration
Clothing and Textile	Technical Drawing	Short Hand/Typing
Office Procedures / Administration	Music	Electrical Installation

No applicant will be accepted for indexing with more than two (2) subjects at CXC general grade 111 (after June 1998) or GCE O Level grade C or a combination of both.

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