

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
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

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:

		<u>Late Application Fee</u>
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. We 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: PNBUS3NNYC

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
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: _____
Print/Type

Signature: _____

Parent or Witness: _____
Print/Type

Signature: _____

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.

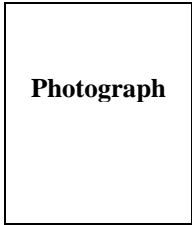
Name of Student: _____

Witness: _____

Parent/Guardian: _____

Witness: _____

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



NORTHERN CARIBBEAN UNIVERSITY

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

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 Birth date: ____/____/19____
LAST FIRST MIDDLE Male 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

LABORATORY FINDINGS (CURRENT)

This can be done at the NCU Medical Technology Department

Haemoglobin: _____ Urinalysis: _____

Serology: _____ Sickle Cells: _____

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 Birth date: ____/____/19____
LAST FIRST MIDDLE Male 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:

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

NORTHERN CARIBBEAN UNIVERSITY

DENTAL REPORT

Every Item on this sheet should be completed by a Dentist

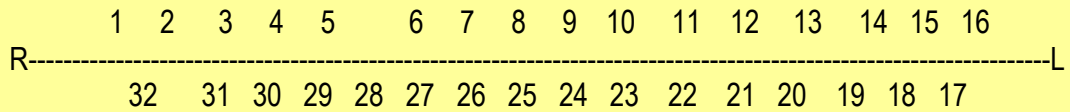
Please note: Dental examinations can be done at the NCU Dental Lab for a reduced fee

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)



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

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 _____
Surname First Middle

Date: ____/____/20____
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.

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Applicant's Name _____
Surname First Middle

Date: ____/____/20____
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

LAST FIRST MIDDLE MAIDEN Date of Enrolment: ____/____/20____
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
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.