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Student Application Form

INSTRUCTIONS: Please use CAPITAL LETTERS and tick the appropriate boxes.

A. PERSONAL DETAILS (*)

National Registration Number (*)				-			
Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.			
Surname							
First Name							
Other Names							
Date of Birth	Month	Day	Year	Gender:			
				<input type="checkbox"/> Female	<input type="checkbox"/> Male		
Address							
Telephone	(Home)		(Work)		(Cell)		
Fax Number							
Email Address							
Country of Birth							
Nationality							

B. INTERNATIONAL STUDENT INFORMATION

(*) Non-nationals residing in Barbados **MUST** present poof of immigration status with this form.

Immigration Status			
Effective date:		Expiry date:	
Passport Number			

C. EMERGENCY CONTACT

Name			
Address			
Telephone	(Home)	(Work)	

(*) - Information required for Application to be processed.

D. PROGRAMME/COURSE INFORMATION (Refer to Current Course Listing) (*)

Indicate your Programme/Course:			
Indicate your study option:	<input type="checkbox"/> Paper-Based	<input type="checkbox"/> Face-to-Face	<input type="checkbox"/> Online
Indicate your study period:	<input type="checkbox"/> August	<input type="checkbox"/> January	

E. OTHER REQUIREMENTS (*)

Are there prerequisites for the programme/course selected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', complete F. and G. below.		

F. QUALIFICATIONS

Awarding Body	Qualification	Level	Year

G. WORK EXPERIENCE

Position Held	Organisation	From (date)	To (date)

(*) DECLARATION

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application will invalidate my application.

Signature of applicant

____/____/____
Date

(*) - Information required for Application to be processed.

SJPI QR Code

