



Application for Admission

Date of Application: ____/____/20____
Day Month Year

I plan to enroll in: Fall Spring Summer Year of 20____ **Applying as:** Freshman Transfer Returning

1. Personal Information

Legal Name: _____
Last First Middle Maiden

Gender: Male Female **Date of Birth:** ____/____/____ **Citizenship:** _____
Day Month Year

National Insurance Board #: _____

Permanent Address: _____
Number Street

City Island P.O. Box Country

Telephone: (Home) _____ (Mobile) _____ (Work) _____

Email: _____

Place of Employment (if any): _____ **Occupation:** _____

2. Programme of Study Applying For *(please tick applicable box below)*

| DIPLOMA | | ASSOCIATE | | BACHELOR | | MASTER | |
|------------------------|--------------------------|---------------------------|--------------------------|---------------------------|--------------------------|---------------------------|--------------------------|
| Retail Administration | <input type="checkbox"/> | Business Administration | <input type="checkbox"/> | Business Administration | <input type="checkbox"/> | Business Administration | <input type="checkbox"/> |
| Tourism Administration | <input type="checkbox"/> | Computer Information Sys. | <input type="checkbox"/> | Computer Information Sys. | <input type="checkbox"/> | Education (General) | <input type="checkbox"/> |
| Financial Services | <input type="checkbox"/> | Primary Education | <input type="checkbox"/> | Primary Education | <input type="checkbox"/> | <i>Concentrations in:</i> | |
| Teaching Certificate | <input type="checkbox"/> | Early Childhood Education | <input type="checkbox"/> | Early Childhood Education | <input type="checkbox"/> | Curriculum Development | <input type="checkbox"/> |
| Office Administration | <input type="checkbox"/> | Finance | <input type="checkbox"/> | Finance | <input type="checkbox"/> | Educational Leadership | <input type="checkbox"/> |
| Business Management | <input type="checkbox"/> | Accounting | <input type="checkbox"/> | Accounting | <input type="checkbox"/> | Counselling | <input type="checkbox"/> |
| Accounting | <input type="checkbox"/> | | | Psychology | <input type="checkbox"/> | Psychology | <input type="checkbox"/> |
| | | | | | | | |

3. Responsible Party for Payment of Tuition and Fees

Name/Company: _____

Address: _____

Telephone: _____ **Email:** _____

4. Educational History

In chronological order, list all previous schools, colleges, and universities attended. If applying for a graduate programme, list only institutions where you received college credits. If more space is needed, continue on a separate sheet of paper. *Official transcripts from all institutions attended should be sent to the Office of Admissions directly from the institution.*

| INSTITUTION NAME | COUNTRY | DATES ATTENDED | QUALIFICATION/CREDITS RECEIVED |
|------------------|---------|----------------|--------------------------------|
| 1. | | From: To: | |
| 2. | | From: To: | |
| 3. | | From: To: | |

List all exams passed and their subjects/levels. Include certified copies or score reports. *Original certificates will only be returned if a pre-labeled return envelope is provided. If not, it becomes part of the permanent file.*

| BGCSE SUBJECT | GRADE |
|---------------|-------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| SAT REASONING | SCORE |
|---------------|-------|
| VERBAL | |
| MATHEMATICS | |

| SAT SUBJECT TEST | SCORE |
|------------------|-------|
| | |
| | |
| | |
| | |

| CXC/CAPE/GCE | LEVEL |
|--------------|-------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Have you ever been dismissed from any institution for any reason? YES NO

If yes, please briefly explain the circumstances surrounding the dismissal.

4. Checklist

In order for the Admissions Team to consider your application, please ensure you have included the following to prevent any delays:

- Completed Application for Admission
- Application Fee
 - \$25.00 for Diploma Programmes
 - \$50.00 for Undergraduate Programmes
 - \$100.00 for Graduate Programmes.
- Copy of Passport Data Page
- Copy of NIB Card
- Copy of Residency Card if not a Bahamian
- Transcripts from other institutions attended
- Examination Test Scores/Certificates
- Photograph
- Enrollment Agreement (due upon acceptance)
- Medical Form (due upon acceptance)

5. Declaration

I certify that the information I have provided in this application is complete and correct to the best of my knowledge. I understand that any misrepresentation may result in my expulsion from the programme. I acknowledge that the terms and conditions contained in the Cherub College Catalogue constitute part of my agreement with the college including sections concerning responsibility, health, refunds, changes in dates, courses and billing. I understand that all documents submitted in support of my application for admission to the college will not be returned and will remain a part of my permanent file. I understand that the fee charged to process my admission application is non-refundable in any circumstances. If admitted to the college, I agree to comply with the regulations governing students.

Signature of Applicant _____ Date: _____

College Official Use Only

- Accepted
 - Conditional Acceptance
 - Rejected
- Application ID # Assigned: _____
Student ID # Assigned: _____

Notes: _____

Senior Staff Signature: _____ Date: _____