



APPLICATION INSTRUCTION SHEET

Bachelor's Degree, Associate Degree, Diploma and Certificate programmes

Please read instructions before proceeding.

- 1) **Please complete all sections using BLOCK LETTERS. A completed application form will ensure that your application is processed in the shortest time possible.**
Methods of application include:
 - a. Online application
 - b. Printed application
- 2) **This form should be returned to any NCU campus.**
- 3) **Upon your acceptance you will be required to do a medical assessment in order to complete your registration.** Nursing students are required to do the medical before acceptance is granted. The forms can be accessed through the admissions department or online at <http://www.ncu.edu.jm/applicationform>. These forms are to be submitted directly to the department of Health Services.
- 4) **Submit the following documents along with your application:**
 - **Birth certificate**
 - **TRN (REQUIRED FOR ALL STUDENTS).** International students will be facilitated to apply for their TRN through the Office of International Students Services.
 - **OEC (Overseas Examination Commission)** Transcript which can be acquired from your institutions.
 - **2 certified passport sized photographs.**
 - **Proof of payment of application fee:** Jamaican students JA\$1000, CARICOM students US\$ 30.00, International students US\$55. You may choose to make the payment through any of the following:
 - a) Any paymaster location to ac# 1115166171
 - b) NCU Cashier
 - c) Wire transfer through any financial institution
(wire information required; Name of bank national Commercial, Bank Name on account Northern Caribbean University, A/C # 504255158, routing number JNCB JMK X 077 050, branch 6 Perth Rd. Mandeville, Manchester, Jamaica.
If you are applying online, this fee can be paid using your credit card in the application portal.
 - **CSEC/CAPE/BGSCS/GCE results.**
 - **SAT or ACT results**
 - **Other Examination Certificates** (include score report).
- 5) **Students under the age of eighteen (18) years are required to live on campus.** Such students will enter a fixed term license agreement. International students under twenty-one (21) years old and within first year are also required to live on campus.
- 6) References used in **Section C** can be a Notary Public (Justices of the Peace, Minister of Religion, Guidance Counsellor, School Principal, Member of Parliament).



APPLICATION FORM

Bachelor's Degree, Associate Degree, Diploma and Certificate Programmes

SECTION A

TRN/SSN/NIB

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Have you previously been accepted as a student at NCU? Yes No

If yes, indicate ID# _____ and year of acceptance _____

Personal Information			
Last Name:		First Name:	
Middle Name:		Maiden Name:	
Date of Birth: DD/MM/YY	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss
Religion: <input type="checkbox"/> Christianity	Denomination:		Other <input type="checkbox"/> Please Specify
Country of Birth:	Country of Residence:	Country of Citizenship:	
Do you have any disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate: <input type="checkbox"/> Visual <input type="checkbox"/> Physical <input type="checkbox"/> Aural <input type="checkbox"/> Other _____		
Does your disability require accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Contact Details		
Telephone:	Home:	Mobile:
Email:		
Home Address		Personal Address
District/Town/City:		District/Town/City:
Parish/State/Province:		Parish/State/Province:
Country:		Country:

Emergency Contact Information		
Last Name:	First Name:	Middle Name:
Relation:		
Telephone:		
Email:		
Home Address		
District/Town/City:		
Parish/State/Province:		
Country:		

References	Reference 1	Reference 2
First Name:		
Last Name:		
Title:		
Job Title:		
Address:		
Telephone:		
Email:		

Housing Information
Do you require on campus housing? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please indicate your address while attending NCU
District/Town/City:
Parish/State/Province:
Country:

SECTION B

Programme of Interest

(Not all programmes are offered on all campuses please contact the office of Recruitment and Admissions for details).

Level: BA BSc BSW AA ASc Diploma Certificate

Programme of Study (Option 1): _____

Programme of Study (Option 2): _____

Entry Term: Fall Spring Year: _____

Campus and Modality

- | | |
|---|---|
| <input type="checkbox"/> Main Campus (Mandeville)
<input type="checkbox"/> Eastern Regional Campus (Kingston)
<input type="checkbox"/> Day School | <input type="checkbox"/> Western Regional Campus (Runaway Bay/Montego Bay)
<input type="checkbox"/> Online Campus
<input type="checkbox"/> Evening School |
|---|---|



SECTION C

Educational Background/Qualifications

List all CSEC/CAPE/GCSE/BGSCE/WAEC passes or SAT scores. Indicate if results are pending.

Subject	Examination Body/Level	Year	Grade

List the educational Institutions you have attended beginning with the most recent.

Institution	From	To	Type of programme	Awards received



Is English your first language? Yes No

If no, please state your native language _____

Have you taken any English Proficiency Examination? Yes No

If yes, please state the name of examination _____

Date of Examination: _____ Examination Score: _____

How did you first obtain information about Northern Caribbean University?

- | | | |
|--|--|--|
| <input type="checkbox"/> NCU Alumni | <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Radio Ad | <input type="checkbox"/> Television Ad |
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> School/College Fair | <input type="checkbox"/> School Visit |
| <input type="checkbox"/> Church | <input type="checkbox"/> Guidance Counsellor | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> University Open Day | <input type="checkbox"/> Current NCU Student | <input type="checkbox"/> Current NCU Staff/faculty |
| <input type="checkbox"/> Other, please state _____ | | |



SECTION D

Enrolment Agreement and Declaration

Dear Applicant,

We congratulate you on choosing Northern Caribbean University (NCU) to further your educational pursuits. Northern Caribbean University (NCU) is a private, liberal-arts institution, located in Jamaica, which is owned and operated by the Jamaica Union Conference and the Atlantic Caribbean Union Mission of Seventh-day Adventists. Since our establishment in 1907, the university emphasizes the development of a sound Christian character and applies Christian standards to deportment, moral conduct and attire on all its campuses. The following is a short list of some of the regulations with which you will be expected to comply. The complete student guide is available on our website at <http://www.ncu.edu.jm>.

- Your attendance at classes, assemblies and chapel services is required, as these opportunities are important for interaction, holistic development and dissemination of information. You will be held accountable for your attendance at these sessions and may be sanctioned for inconsistent attendance.
- In keeping with the Seventh-day Adventist philosophy, the wearing of jewellery is prohibited on all campuses. Exceptions are made for wedding tokens/bands and wrist watches.
- Modesty in dress is a requirement, hence students are expected to wear loose fitting pants/skirts without undue exposure from splits/rips and other inappropriate openings in the fabric. Shirts and blouses should cover the midriff and underarm areas. Pants are to be worn at waist and appropriately secured.
- While NCU supports expression and individuality, cosmetics and hair dyes must be tasteful. As such colourful cosmetics, outlandish hair dyes and hairstyles are prohibited. In addition, both males and females must ensure that their hair is properly groomed and modestly kept at all times.

NB. The university reserves all right to amend rules and regulations as well as take appropriate actions for infractions of citizenship guidelines, unsatisfactory spirit, misconduct and scholarship.

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

I hereby declare that I have read and understood the instructions and all statements made are, to the best of my knowledge, true and complete.

Name of student _____ Signature _____ Date _____

Parent/Guardian/Witness _____ Signature _____ Date _____



NORTHERN CARIBBEAN UNIVERSITY

MEDICAL REPORT

Every Item on this sheet should be completed by a Medical Practitioner

Please note: Medicals are valid for two years from the date they were completed by the Medical Practitioner

Student's Name: _____ Sex: Female Birth date: __/__/19__

Last First Middle Male

Height: _____ Weight: _____

Vision and Pupils-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. System _____
Strength

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

Spin, other muscular skeletal: _____

Feet: _____ Skin: Fungi _____ Ringworm _____

Neurology: reflexes, co-ordination: _____

Body marks, scars or tattoos: _____

Psychiatric (Personality deviation): _____

General Systemic: _____

Pelvic if indicated: _____

Do you consider this student physically and emotionally stable 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
- Should medical care be continued as a student? Yes No
- If yes please explain _____

Name Medical Practitioner: _____

Last First

Signature of Medical Practitioner: _____

Address of Medical Practitioner: _____

Tel# (WORK): _____ (Mobile) _____

Fax#: _____ Date of examination: __/__/20__

DD/ MM/ YY

STAMP:

LABORATORY FINDING (CURRENT)

A copy of the Laboratory Findings (done in a lab) is to be attached to this form when returning.
This can be done at the NCU Medical Technology Department

- 1. Haemoglobin
- 3. Urinalysis
- 2. Serology
- 4. Sickle Cells

Freshmen are required to do all tests whilst returning students are only required to do the Haemoglobin and the Urinalysis.

admissions@ncu.edu.jm | (876) 963-7157 or (876) 963-7250 | www.ncu.edu.jm



NOT required for Western Regional and Eastern Regional Campus or Online applicants

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: ____/____/____
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"/> 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"/> 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"/> 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"/> 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"/> Hepatitis | <input type="checkbox"/> Hernia | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Minor Pressure | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Kidney Trouble |
| <input type="checkbox"/> Jaundice | <input type="checkbox"/> Asthma | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Measles | | <input type="checkbox"/> Sleeplessness |
| <input type="checkbox"/> Blood in Urine | <input type="checkbox"/> Lung Disorder | | | | |

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: ____/____/____

dd/ mm/ yy



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

International Government

Work Study

Sponsorship

Parents

Student Loan

Scholarship

JAMVAT/PATH

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)

Full Name: _____
(Parent/guardian/sponsor)

Signature: _____
(Student)

Signature: _____
(Parent /guardian/sponsor)

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

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

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

