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.
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:

<table>
<thead>
<tr>
<th>Category</th>
<th>Jamaican Citizens</th>
<th>CARICOM</th>
<th>International Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Late Application Fee</td>
<td>J$1000</td>
<td>US$30</td>
<td>US$55</td>
</tr>
<tr>
<td>Late Application Fee</td>
<td>J$2000</td>
<td>US$60</td>
<td>US$100</td>
</tr>
</tbody>
</table>

**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: PNPBUS3NNYC
  - ABA Code: 026005092

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

☐ Enclose your Enrolment Agreement Form and Financial Memorandum of Understanding 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 physical, medical, dental and lab 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). **APPLICABLE TO HIGH SCHOOL SENIORS OR PERSONS WHO HAVE COMPLETED TERTIARY STUDIES ONLY,**

☐ 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), and

☐ Please submit completed application form to the campus within closest proximity to you 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
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___

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___
# Northern Caribbean University

## Financial Memorandum of Understanding

*(This form should be filled out by all prospective students)*

### Security Deposit *(Main Campus Students Only)*

<table>
<thead>
<tr>
<th>Region</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jamaica</td>
<td>J$5,000.00</td>
</tr>
<tr>
<td>The Americas</td>
<td>US$ 750.00</td>
</tr>
<tr>
<td>Africa</td>
<td>US$3,000.00</td>
</tr>
<tr>
<td>Cayman, Bahamas, Turks &amp; Caicos Islands &amp; CARICOM</td>
<td>US$550.00</td>
</tr>
</tbody>
</table>

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

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/Jamaica Government
- [ ] Work Study
- [ ] Sponsorship
- [ ] Parents
- [ ] 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
UNDERGRADUATE ADMISSIONS APPLICATION

Date: ___/___/20___

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/Others) ____________________

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
MARRITAL STATUS: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Date of Birth ___/___/____ DD  MM  YYYY

Religious Affiliation: ☐ Seventh-day Adventist: (conference) ____________________

☐ 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.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Dates of Attendance</th>
<th>Credits Earned</th>
<th>Degree Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ 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.

<table>
<thead>
<tr>
<th>CXC/CAPE LEVEL</th>
<th>GCE / A'LEVEL LEVEL</th>
<th>OTHER (including SAT II) LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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 □ Male
Last First Middle
Birth date: __/__/19__

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): ___________________________


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.
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

NOT required for Salem, Kingston and Montego Bay
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
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)

<table>
<thead>
<tr>
<th>Area</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>INFLUENCE</td>
<td>1-2-3-4-5</td>
</tr>
<tr>
<td>CO-OPERATION</td>
<td>1-2-3-4-5</td>
</tr>
<tr>
<td>EMOTIONAL MATURITY</td>
<td>1-2-3-4-5</td>
</tr>
<tr>
<td>HONESTY</td>
<td>1-2-3-4-5</td>
</tr>
<tr>
<td>SPIRITUALITY</td>
<td>1-2-3-4-5</td>
</tr>
</tbody>
</table>

INTEGRITY  1-2-3-4-5  RELIABILITY  1-2-3-4-5
MATUREITY  1-2-3-4-5  PERSONALITY  1-2-3-4-5
HONESTY  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/Others)______________________
E-mail 1: _______________________________ E-mail 2: _______________________________

Please return directly to:
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
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
________________________________________________________
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  MATUREITY  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: ________________________________
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

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 Programme.

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 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 Religious Education/Bible Knowledge
Principles of Accounts Spanish
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

Please note that the following subjects are not accepted for the Nursing Programme:
Visual Arts
Electronic Document Preparation and Management
Office Procedures/Administration
Physical Education
Music
Clothing and Textile
Technical Drawing
Short Hand/Typing
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.
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    □ Other

Birth date: ______/_____/19____

LAST   FIRST   MIDDLE

Home Address

Street and Number  City  Parish/Province/State  Country

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