CARIBBEAN MARITIME INSTITUTE

	ADMISSION PROCEDURES	Document No: CMI/ADM/FORM/002	Page 1 of 2
	TITLE: **CMI APPLICATION FORM**	Revision No.: 00	Revision Date: 14TH May ' 08

SECTION 1 Personal & Contact Information

Surname ☐☐☐☐☐☐☐☐☐☐☐☐   Sex: ☐ Male ☐ Female

Firstname ☐☐☐☐☐☐☐☐☐☐☐   Date of birth: ☐☐ ☐☐ ☐☐
(DD /MM/ YY)

Other ☐☐☐☐☐☐☐☐☐

Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Phone # ☐☐☐ - ☐☐☐☐☐

TRN # ☐☐☐☐☐☐☐☐☐

Email ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Mailing Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(if different from above)

Nationality ☐☐☐☐☐☐☐☐☐☐☐☐

Next of Kin ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Relationship ☐☐☐☐☐☐☐☐☐☐

Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(of Next of Kin)

Phone #

FOR OFFICIAL USE ONLY

Academic Year ☐☐☐

Std. No. ☐☐☐☐☐

Course Code ☐☐☐

Course No. ☐☐☐

☐ F/Time   ☐ P/Time

☐ Day Rel.   ☐ Evening

☐ Other

Cost $ ☐☐☐☐☐

Dept. _____

Documents submitted

Birth Certificate ☐
Educational Cert. ☐
Photographs ☐
Professional Cert. ☐
Testimonials ☐
Transcript ☐
TRN ☐
Passport ☐
Medical Certificate ☐
Police Record ☐

SECTION 2 Educational Background

Course applied for ☐☐☐☐☐☐☐☐☐☐☐   Boarding required ☐☐☐

Indicate support/sponsorship   ☐ Self   ☐ Govt.   ☐ Other   Name of awarding body _____

YEAR (START – END)	Name of Educational/Training Institution	QUALIFICATION (Certificates, Degrees, Achievement, etc.)

Candidates are required to submit proof of their qualification and training along with two testimonials, two passport size photographs, copy of birth certificate, TRN **(all originals must be presented)** and a _non-refundable_ application fee of $800.00 to the Admission Registrar at the **Caribbean Maritime Institute**, *Palisadoes Park, P.O. Box 8081, CSO Kingston, Jamaica, West Indies.*

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SECTION 2 Education cont'd

	RESULTS KNOWN					RESULTS AWAITED			
SUBJECT	EXAM. BODY	LEVEL (Gen; Basic; etc.)	YEAR	RESULT		SUBJECT	EXAM. BODY	LEVEL (Gen; Basic; etc.)	YEAR

SECTION 3 General and Other Information

REASON FOR APPLICATION *(Write a short paragraph)*

NAMES, ADDRESSES AND TELEPHONE NO. OF TWO   (2)   REFERENCES

1.
_____
_____
_____

2.
_____
_____
_____

EXTRA CURRICULAR ACTIVITIES

PRACTICAL EXPERIENCE/EMPLOYMENT HISTORY

YEAR (START – END)	Name and Address of Employer	Position held/ Experience gained

I declare that the information on this application is correct and complete. I acknowledge CMI's right to cancel this application if the information contained in it has been misrepresented.

Applicant signature: _____   Date: _____