



APPLICATION FOR POST DIPLOMA DEGREE

INSTRUCTION: Complete this form with a **black ink** pen. Write in **BLOCK CAPITALS**.
Place an where applicable.

SECTION I – PERSONAL DATA

1. Name									
Title	Surname	First Name			Middle Name(s)				
2. a) Former Name (if applicable)									
Title	Surname	First Name	Middle Name(s)	b) Type of Former Name					
				<input type="checkbox"/> Maiden		<input type="checkbox"/> (Prior to Deed Poll)			
3. a) Permanent Address: Apt/Street/PO Box					4. a) Which teacher training institution(s) did you attend?				
Zip/Postal Code		Country							
b) Mailing Address (if different from 3b6): Apt/Street/PO Box					b) Please state the following:				
					College ID Number				
					From (year)		To (year)		
Zip/Postal Code		Country							
6. Home Phone					7. Mailing Address Phone				
8. Cell Phone					9. Work Phone				
10. Fax Number					11. Email Address				
12. Gender					13. Date of Birth (dd/mm/yyyy)			14. TRN/National ID	
<input type="checkbox"/> Female		<input type="checkbox"/> Male							
15. Marital Status					16. Religion/Denomination				
<input type="checkbox"/> Single		<input type="checkbox"/> Married		<input type="checkbox"/> Common Law					
<input type="checkbox"/> Legally Separated		<input type="checkbox"/> Divorced		<input type="checkbox"/> Widowed					
17. Country of Birth			18. Country of Citizenship			19. a) Country of Residence		b) Duration (yrs.)	
20. Country of Responsibility for Fees			21. Father's Nationality			22. Mother's Nationality			
23. a) Do you have a disability? (This information is needed in case special facilities are required)						b) If yes, please specify			
<input type="checkbox"/> Yes		<input type="checkbox"/> No							
24. Emergency Contact Information:									
Title	Surname	First Name			Middle Initial	b) Relationship to Applicant			
Address	Tel		Home			Work		Cell	

25. a) Do you wish to live in a Hall of Residence?

Yes

No

SECTION II – CAMPUS , PROGRAMME, STATUS & SPECIALIZATION

26. **Programme**

- Early Childhood
- Primary
- Secondary
- Special Education
- Literacy Studies

27. **a) Campus**

- Bethlehem
- CASE
- Church
- Edna Manley
- GC Foster
- Mico
- Moneague
- St. Joseph's
- Sam Sharpe
- Shortwood

b) Mode of Delivery

- Face to face
- Distance

28. **Status**

- Full Time
- Part Time

Secondary Applicants, please state

29. **First Preference / Specialization**

30. **Second Preference / Specialization**

SECTION III – ACADEMIC RECORD

31. List all post-primary educational institutions attended and any other programmes or courses you have completed, which you wish to be used to satisfy the Matriculation Requirements of CITE

Institution Name & Address	From (mm/yyyy)	To (mm/yyyy)	Type of Programme (eg. Cert/Dip)	Area/Specialization	Class of Award

CITE ASSESSMENT:

Qualified

Pending results

Not Qualified

Refer for decision re Matriculation

Signature of CITE Officer

_____/_____/_____
Date (dd/mm/yyyy)