



KNOX COMMUNITY COLLEGE
STUDENT APPLICATION (For Non-Education Students)
 ACADEMIC YEAR _____/_____

Spalding Campus - P.O. Box 52, Spalding, Clarendon
 Tel: (876)987-8047, 987-8049, 987-8056, 964-0913, 964-0752 Fax: (876) 987-8048

Cobbla Campus P.O. Box 52, Spalding, Clarendon, Tel: (876)964-4446, 964-3596-7 Fax:(876)964-4459

Mandeville Campus 6^a Greenvale Road, Mandeville, Tel: (876) 962-5127/961-4498 Fax (876) 962-5127

May Pen Campus Foga Road, Denbigh, May Pen, Tel: (876) 902-0653/786-2244

Website www.kcc.edu.jm Email address: knoxcollege@jamaica.com

I plan to enroll at KCC in: January September Applying as: Freshman Transfer Student Returning Student
 Campus Choice: Spalding Campus Cobbla Campus Mandeville Campus May Pen Campus

READ CAREFULLY

1. Complete **DUPLICATE** forms in capital letters. Your handwriting should be legible and accurate.
(Forms not properly completed will not be processed)
2. Return forms with **ALL ACCOMPANYING DOCUMENTS** (see Section E) to the Registry on the respective Campus by **JUNE 30**, **except** the Bachelor of Science in Nursing programme the application deadline is **January 31**.
LATE APPLICATIONS WILL ATTRACT A PENALTY.
3. A non-refundable fee of J\$500.00 or US equivalent **MUST** be paid at the Accounts Office before collection of this application form or upon submission of this application form downloaded from the College's website.

PICTURES, REFERENCES AND OTHER SUPPORTING DOCUMENTS BECOME THE PROPERTY OF THE INSTITUTION AND WILL NOT BE RETURNED

Documents which have been tampered with or altered **WILL NOT BE PROCESSED**

SECTION A - PERSONAL DATA

1) Name				
Title	Surname	First Name	Middle Name(s)	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
2) Permanent Address		3) Mailing Address (if different from 2):		
4) Telephone: (Home) (Mobile)		5) Parent/Guardian:		(Mobile)
6) Emergency Contact:		Relationship:	Mobile:	
7) Date of Birth: (dd/mm/yyyy) _____/_____/_____		8) Name of Church:		<input type="checkbox"/> None:
9) Tax Registration Number:		10) Email:		
11) Citizenship: <input type="checkbox"/> Jamaican <input type="checkbox"/> CARICOM (specify): _____ <input type="checkbox"/> International				

19) **WORK EXPERIENCE**

Positions held	Name and address of Organization	Duration of employment	
		To	From

20) **SECTION D - REFERENCES/DECLARATION**

Give the names and addresses of two (2) referees, one of whom should preferably be from the last school or college you attended, or last place of employment.

i) Name of Referee: _____	ii) Name of Referee: _____
Position: _____	Position: _____
Address: _____	Address: _____
_____	_____

21) **SECTION E - PERSONAL STATEMENT**

Write a statement indicating the reason for applying to this Institution and your choice of programme.

FOR NON JAMAICANS ONLY

Is English your first language? (Native) Yes [] No [] If no please indicate if you have taken the Test of English as a Foreign Language (TOEFL) and your score. _____

This is to certify that I have read and followed the instructions for completing this application form. I acknowledge that the information given above is complete and accurate. I understand that false and fraudulent statements on this form may result in cancellation or denial of admission.

Student's Signature _____ **Date** _____



SECTION F - FOR OFFICIAL USE ONLY

- Application Fee
- Birth Certificate
- Marriage Certificate
- Deed Poll
- Transcripts
- CXC/GCE Certificates
- References
- Photographs
- Medical Report
- Other (Specify): _____

THREE (3) CERTIFIED passport size photographs – taken within the last Six (6) months. ****NB** ALL APPLICANTS for UTech programmes must submit an additional THREE (3) Photographs and A UTECH Application Form.**

(Documents may be certified by J.P., Attorney-at-law, School Principal or KCC Registrar)
NB Knox Community College/UTech Boarding Forms may be collected at the Registry
Knox Community College reserves the right to cancel any programme if the cohort is not viable.

STATUS: **ACCEPTED** **REJECTED** **ON HOLD** **DEFERRED**

Comments:

REGISTRAR'S SIGNATURE: _____ **DATE:** _____