

**SECTION 4: FUNDING**

Source of Funding: Self  Parents  Bank Loan  Other Family  Student Loan  Credit Union  CHASE

Other  NAME OF SPONSOR (if applicable): \_\_\_\_\_

**Declaration by Employer/Sponsor (Where appropriate):**

The Company/Organization agrees to sponsor the applicant for classes, based on academic programme, by granting the necessary funding. The Company/Organization also undertakes to provide the necessary means - funding for carrying out programme.

Name: ..... Job Title: .....

Organization: .....

Date ..... Signature: .....

***Sixth Form Pathway Programme***

Are you interested in the Sixth Form Pathway Programme? Yes  No

Have you recently graduated from High School? Yes  No  What year? (please specify): \_\_\_\_\_

**SECTION 5: WORK EXPERIENCE**

Name of Organization	Position Held	Dates				Nature of Duties
		From		To		
		Month	Year	Month	Year	

**SECTION 6: PERSONAL STATEMENT**

Write a statement indicating your choice of this institution and your first choice of this institution. *(Use additional paper if needed)*

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I hereby certify that I have read and understood the instructions and the information necessary for completing this application. I authorize the college to verify all documents submitted and acknowledge that the information given in this application is complete and accurate and understand that making false or fraudulent statements and submissions on this application form may result in denial or cancellation of admission by St. Joseph's Teachers' College.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# St. Joseph's Teachers' College

Pax et Bonum!

## BACHELOR OF EDUCATION APPLICATION FORM

Dedicated to training leaders...



### ACADEMIC PROGRAMMES

**Bachelor of Education (Collaboration with UWI)**

1. Primary Education
2. Early Childhood Education
3. Secondary Education with Majors in Mathematics, Biology, Physics, or Chemistry
4. Early Childhood with Advanced Standing (Diploma Graduates)
5. Primary Education with Advanced Standing (Diploma Graduates)

**Associate Degree (Collaboration with CCCJ and UWI)**

1. Social Work (CCCJ)
2. Business Administration (CCCJ)
3. Early Childhood Education (UWI)

**Short Programmes**

1. Caribbean Secondary Examination Council (CSEC)
2. SJTC Pre-College

**We offer:**

1. Lower Tuition Fees
2. Flexible Payment Plans
3. Boarding Facilities
4. Mentorship Programme
5. Academic Advisement for Success
6. Comfortable Campus Environment
7. Comfortable and Multiple Study Spaces

**Apply Now!**

<https://isims.sjtc.edu.jm/apply/>

**Documents needed:**

1. 1 Passport Size Photograph
2. Birth Certificate
3. Academic Certificates
4. Marriage Certificate (if applicable)
5. Reference Letters
6. Transcript (Advanced Standing Students **ONLY**)

**Contact Details**

Email: [info@sjtc.edu.jm](mailto:info@sjtc.edu.jm) and [admissions@sjtc.edu.jm](mailto:admissions@sjtc.edu.jm)

Phone: 876 926 6659

Address: 16 Old Hope Road, Kingston 5

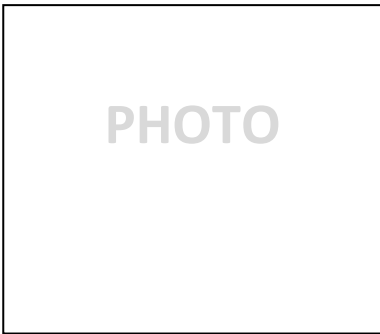


# ST. JOSEPH'S TEACHERS' COLLEGE

16 Old Hope Road, Kingston 5, Jamaica, West Indies

Tel: (876) 926-6659

## APPLICATION FORM BACHELOR OF EDUCATION DEGREES ACADEMIC YEAR \_\_\_\_\_ / \_\_\_\_\_



### SECTION 2: ACADEMIC RECORD

**INSTRUCTIONS: Indicate: -**

- Subjects you have passed at CXC (General or Technical Proficiency) and CAPE, GCE O' and A' Levels, SSC and City & Guilds, professional or other qualifications.
- Examination record (include exams to be taken in June). A limited number of spaces will be reserved for applicants awaiting results.

Note: Certified documentary evidence must be submitted with this form. All documents submitted to the Registry becomes the property of St. Joseph's Teachers' College and will not be returned to the applicant or forwarded to another institution. If documents are not certified upon submission, original documents must be submitted for verification.

**Instructions:**

- Ensure that the application is **FULLY** completed using **CAPITAL** letters ensuring legibility. Forms not properly completed will not be processed.
- Online applications are also available. The electronic application can be found at <https://isims.sjtc.edu.jm/apply/>
- A non-refundable application fee of J\$700.00 must be paid at the campus Cashier prior to submission.
- Return completed Application Form to the Registry, St. Joseph's Teachers' College, 16 Old Hope Road, Kingston 5, Jamaica

### PROGRAMME OFFERINGS

(Please tick the check box for the programme that you intend to pursue)

- |  |   |
|--|---|
| <input type="checkbox"/> B. Ed. in Primary Education with specialization in Mathematics & Science          | <input type="checkbox"/> B. Ed. in Early Childhood with specialization in Mathematics & Science |
| <input type="checkbox"/> B. Ed. in Primary Education with specialization in Language Arts & Social Studies | <input type="checkbox"/> B. Ed. in Early Childhood with specialization in Language Arts         |
| <input type="checkbox"/> B. Ed. in Primary Education with specialization in Language Arts & Spanish        | <input type="checkbox"/> B. Ed. in Secondary Education with concentration in Mathematics        |
| <input type="checkbox"/> B. Ed. in Secondary Education with concentration in Biology                       | <input type="checkbox"/> B. Ed. in Secondary Education with concentration in Chemistry          |
| <input type="checkbox"/> B. Ed. in Secondary Education with concentration in Physics                       | <input type="checkbox"/> B. Ed. in Early Childhood Education with Advanced Standing             |
| <input type="checkbox"/> B. Ed. in Primary Education with Advanced Standing                                |   |

APPLYING AS A:  REGULAR STUDENT  MATURE STUDENT (PORTFOLIO MUST BE SUBMITTED ALONG WITH APPLICATION)

PREFERRED MODE OF ATTENDANCE: (Please tick 1)  Full Time (Day)  Part Time (Evening)

### SECTION 1: PERSONAL DETAILS

Surname: \_\_\_\_\_ (BLOCK CAPITALS) First Name: \_\_\_\_\_  
 Former Surname (if any): \_\_\_\_\_ Middle Name(s): \_\_\_\_\_  
 Gender:  Male  Female TRN: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_  
 Nationality: \_\_\_\_\_ Country: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Phone No. 1: \_\_\_\_\_  
 City/Town or Post Office: \_\_\_\_\_ Phone No. 2: \_\_\_\_\_  
 Parish/State: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Do you have any disabilities? Yes  No  Please specify: \_\_\_\_\_

**Emergency Contact:**  
 Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Relation to you: \_\_\_\_\_

Religion/Denomination: \_\_\_\_\_

Does your religious affiliation hinder you from participating in any of the below activities, please tick checkbox to specify.

- |                       |                              |                             |                    |                              |                             |
|-----------------------|------------------------------|-----------------------------|--------------------|------------------------------|-----------------------------|
| Physical Education    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Music and Movement | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Daily College Worship | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Chapel Service     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Christmas Lunch       | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Graduation         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes, please explain: \_\_\_\_\_

Do you wish to live on campus? Yes  No

Institution	Address	Programme	From	To

Summary of Educational Experience (List all secondary and post-secondary institutions that you have attended, begin with the most recent)

### Qualifications

Subjects passed/pending results	Exam Body CSEC/CXC/GCE/SSC, etc	Date		Grade Obtained (1/2/3/A/B/C/Range 4/5, etc)
		Month	Year	

### SECTION 3: ACTIVITIES & REFERENCES

Give the names, telephone number 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.

<b>Reference 1</b>	<b>Reference 2</b>
Name: _____	Name: _____
Address: _____	Address: _____
Phone No: _____	Phone No: _____
How did you hear about us? <input type="checkbox"/> Career Day <input type="checkbox"/> Website <input type="checkbox"/> Text Blast <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend/Family <input type="checkbox"/> Social Media <input type="checkbox"/> Other _____	
Are you willing to comply with: (A)	Dress code: Yes <input type="checkbox"/> No <input type="checkbox"/> Department regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>