

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)*

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!

ASSOCIATE DEGREE 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

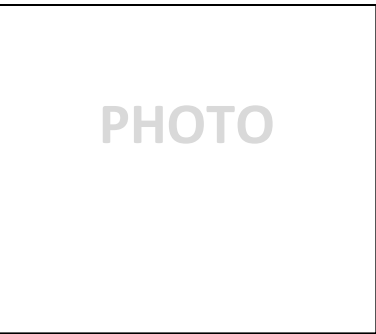
Email: info@sjtc.edu.jm and admissions@sjtc.edu.jm

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
ASSOCIATE 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)

- 1ST Choice- Associate Degree in Business Administration Associate Degree in Social Work Associate Degree in Early Childhood
 2ND Choice- Associate Degree in Business Administration Associate Degree in Social Work Associate Degree in Early Childhood

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

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

Institution	Address	Programme	From	To

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: 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.

Reference 1

Name: _____

Address: _____

Phone No: _____

How did you hear about us? Career Day Website Text Blast Newspaper Friend/Family Social Media Other _____

Are you willing to comply with: (A) Dress code: Yes No

Reference 2

Name: _____

Address: _____

Phone No: _____

Department regulations? Yes No