

Empire Maritime Studies & Research Centre



ADMISSIONS AND EXAMINATIONS FORMS	Document No: CMI/ADM/FORM/001	Page 1 of 2 Revision Date:
TITLE: CMI APPLICATION	Revision No.: 00	1 st January, 2017

SECTION 1 Personal & Contact Information

Surname	<input type="text"/>	Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
First Name	<input type="text"/>	Date of birth:	<input type="text"/>		
Middle	<input type="text"/>	Title	<input type="text"/>		
Address	<input type="text"/>				
Phone No	<input type="text"/>	Nationality	<input type="text"/>		
Email	<input type="text"/>				
Mailing Address <i>(if different from above)</i>	<input type="text"/>				

SECTION 2 – Educational Background and Financial Information


Course applied for	1.	<input type="text"/>
Part / Full Time (circle one)	2.	<input type="text"/>
Indicate support/sponsorship	<input type="checkbox"/> Self	<input type="checkbox"/> Govt. <input type="checkbox"/> Other
Name of awarding body _____		

YEAR (Start-End)	Name of Educational/Training Institution	QUALIFICATION (Certificates, Degrees, Achievement, etc.)

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

Candidates are required to submit proof of their qualification and training along with two testimonials from recognised officials, two notarized recent passport size photographs, copy of birth certificate, TRN (all originals must be presented). A non-refundable application fee is required. Fees paid by Jamaican residents differ from that paid by overseas students. Application is to be submitted to the Caribbean Maritime Institute, Palisadoes Park, P.O. Box 8081, CSO Kingston, Jamaica, West Indies. Telephone: 876- 924-8175/76; Fax: 876-924-8158; Email: info@cmi.edu.jm.

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SECTION 3 – Next of Kin

Next of Kin															
Relationship						Phone No.									
Address <i>(of Next of Kin)</i>															

SECTION 4 General and Other Information

REASON FOR APPLICATION *(Write a short paragraph)*

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: _____

FOR OFFICIAL USE ONLY

Document Submitted:
 Birth Certificate
 Educational Cert.
 Photographs
 Professional Cert.
 TRN
 Testimonials
 Medical
 Transcript
 Police Record

Delivery Mode:
 Full-time
 Part-time
 Day Release
 Weekend
 Other _____

Academic Year ____/____
 Course Code: _____
 Course No: _____

Submitted to:
 School of Academic Studies
 School of Marine & Prof. Studies
 School of Advanced Skills

To be completed by School representative:

Status:
 Full Acceptance
 Conditional Acceptance
 Advanced Placement

Comments: _____

Assessor's Name & Signature: _____ Date: ____/____/____

Student. No: _____
 Date Entered into SMS: ____/____/____
 Entry Rep: _____