

USE BLACK INK AND BLOCK CAPITALS TO FILL OUT THIS FORM - See Instructions on Page 4

Return application forms to the Registrar, Sir Arthur Lewis Community College, with referee forms, two certified copies of each certificate and grade slip and \$20 application fee. **Persons attending secondary school should return the forms through their Principals.**



**Sir Arthur Lewis
Community College
STUDENT APPLICATION**

You must **READ THE APPLICATION GUIDE** before completing this form in **BLOCK CAPITALS**

Complete application form in duplicate.

Incomplete application forms (including those lacking photographs, Certificates and transcripts) will NOT be processed.

PHOTO

1 APPLICATION INFORMATION

Full Time: Part Time: CAMPUS: CASTRIES SOUTHERN EXTENSION CENTRE (Vieux-Fort)

Semester Applied For: ONE (August - December) TWO (January - May) SUMMER (June - August)

Have you previously applied for admission to any Division/Department at the College? No Yes If yes, when? Year

If you have previously attended Sir Arthur Lewis Community College, indicate: Student #

Year entered : Surname under which you were registered

2 PERSONAL DETAILS

Title	<input type="text"/>	Gender	<input type="text"/>	Date of Birth (day/mon/yr)	D	D	/	M	M	/	Y	Y	Current Age	<input type="text"/>		
Surname	<input type="text"/>															
First name	<input type="text"/>															
Middle name(s)	<input type="text"/>															
Postal Address	<input type="text"/>															
Country	<input type="text"/>															
Home Phone	<input type="text"/>										Work Phone	<input type="text"/>		Cell Phone	<input type="text"/>	
Email	<input type="text"/>															

FOR OFFICIAL USE ONLY

STUDENT #:

Certificates

Transcripts

Application Fee

3 FURTHER DETAILS

NIS Number (For locals only)

Marital Status

Religion (optional)

Country of Birth

Citizenship

Native Language:
 English
 French
 Spanish
 Other:

Home address

Disability

Special Needs

Medical Conditions

As an applicant to the College, are there any special physical, learning and/or mental challenges you may have which would require special support and assistance?
 Yes No
 If Yes, please give details here:

As an applicant to the College are there any physical, learning and/or mental challenges which might prevent you from meeting the objectives of your Course/Programme?
 Yes No
 If Yes, please give details here:

4 CONTACT INFORMATION

(Please provide contact information of a parent/guardian/spouse/next of kin)

Name Relation:

Address

Home Phone number - Work Phone number - EXT.

Cell Phone number - Email Address

5 EDUCATIONAL BACKGROUND (List most recent School/College/University FIRST)

	From		To	
	Month	Year	Month	Year
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6 QUALIFICATIONS (Give details of any qualifications obtained. Attach certified copies of all qualifications. All CXC passes obtained before June 1998 should be clearly identified by ensuring that the date is also indicated below.)

Month	Year	Exam Body	Subject/Course	Level	Grade	Month	Year	Exam Body	Subject/Course	Level	Grade

7 EMPLOYMENT AND/OR ACTIVITIES SINCE LEAVING SECONDARY SCHOOL (Please continue on a separate sheet if necessary) Persons who have taught previously or are currently teaching must indicate the name/s of the school/s where they taught/are teaching. Secondary school teachers must indicate the subject/s taught.

Dates	Name and address of employer	Position held and/or duties	Reason for leaving

Select EITHER 8, 9 or 10

8 PROGRAMME SELECTION FOR DAGRI, DHS AND DTEEA

(State only ONE Programme of Study next to the awards indicated below. Refer to Section 6.0 of the Application Guide.)

I hereby apply for the:

Associate Degree: _____

Diploma: _____

Certificate: _____

DIVISION: (DASGS) PROGRAMME: Associate Degree _____ (mention the concentration)

Certificate - (CAPE) _____ (mention the 3 subjects)

Only applicants to the Division of Technical Education and Management Studies are offered two (2) choices within the various Departments.

AD - Associate Degree CE - Certificate

		AWARDS	
		AD	CE
1st Choice (Programme) _____		<input type="checkbox"/>	<input type="checkbox"/>
2nd Choice (Programme) _____		<input type="checkbox"/>	<input type="checkbox"/>

9 NON DECLARED MAJOR

(Tick below if you have not decided on a major Programme of Study)

Non Declared Major:

10 COURSE SELECTION (Part-Time)

Please indicate the course(s) which you wish to pursue from the list to be provided by the Department of Continuing Education and the College's Website. Please note that Part-Time students may pursue up to a maximum of three (3) courses per Semester.

11 CHARACTER REFERENCES

(Give the names of two (2) referees who can be contacted in respect of your application. If you are at school, one of these should be your current school Principal or if you have recently left school your most recent employer. Do not use names of relatives. Persons who are shortlisted for interview for the Division of Teacher Education and Educational Administration and the Department of Health Sciences shall be required to provide a Police Record.

	Name	Postal Address	Contact Number
1			
2			

12 DECLARATION (YOUR SIGNATURE IS REQUIRED BELOW. Without your signature your application cannot be processed.)

I hereby certify that the information provided in this application form is true and complete to the best of my knowledge. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentation or omissions may cause my application to be rejected and make me ineligible for admission to the College. I understand that if admitted to the College, falsified statements on this application shall be considered sufficient cause for dismissal.

D D M M Y Y

Applicant's Signature: _____

Date / /

13 PARENT/GUARDIAN DECLARATION (For students below 18 years of age)

Relation Parent Guardian

(YOUR SIGNATURE IS REQUIRED BELOW. Without your signature this application cannot be processed.)

I hereby certify that the information provided in this application form is true and complete to the best of my knowledge. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentation or omissions may cause my application to be rejected and make me ineligible for admission to the College. I understand that if admitted to the College, falsified statements on this application shall be considered sufficient cause for dismissal.

D D M M Y Y

Parent/Guardian's Signature: _____

Date / /

Sir Arthur Lewis Community College reserves the right to withdraw courses at any time, change fees, calendar, curricula, degree programmes, degree requirements, graduation procedures, and any other requirement affecting students. Change will become effective whenever the proper authorities so determine and will apply to both prospective students and those already enrolled.

Interests/Extra Curricular:

- | | | |
|---|--|--|
| <input type="checkbox"/> Arts Club & Debating Society | <input type="checkbox"/> Environmental Club | <input type="checkbox"/> Photo Club |
| <input type="checkbox"/> Astronomy Club | <input type="checkbox"/> Fitness Club | <input type="checkbox"/> Red Cross Club |
| <input type="checkbox"/> College Choir | <input type="checkbox"/> French Club | <input type="checkbox"/> Science Club |
| <input type="checkbox"/> Creole Heritage Club | <input type="checkbox"/> Inter School Christian & College Fellowship | <input type="checkbox"/> Spanish Club |
| <input type="checkbox"/> Drama Club | <input type="checkbox"/> Lawn Tennis Club | <input type="checkbox"/> Volleyball Club |
| <input type="checkbox"/> Other _____ | | |

Instructions for Application Form:

You are required to complete an application form in duplicate and submit it with an application fee of \$20.00. All relevant transcripts and **two certified copies** of certificates must be submitted with the application to the Registrar, Sir Arthur Lewis Community College. A request must be made to each certifying institution for an original transcript to be forwarded to the College. A certified English translation must accompany each certificate issued in a foreign language. Secondary school students are required to submit the forms through their School Principals. **Application forms submitted without photographs, Certificates and transcripts will NOT be processed.** Application fees are not refundable.

We want to process your form as quickly as possible. Please help us by remembering the following:

- Use BLOCK CAPITALS when filling out the form.
- Use Black ink to fill out the form.
- Do not write outside the black border line.
- Do not write in the shaded box.

N. B. - Incomplete application forms will NOT be processed

1. Application Information:

Please indicate whether or not you are applying for the first time. Please note that full-time programmes usually commence in August/September of each academic year.

2. Personal Details:

Give your **title** (for example, Mr. or Miss), your **surname** and your **first or middle names** in the spaces provided.

Give your **date of birth**, your **sex** and your **age as of 1st September 2019**. This shows us how old you will be at the start of the new academic year. Your **postal address** is the address where you receive your mail and to which the College will send all correspondence.

We may need to contact you by phone. Please provide a **home phone number** and a **cell phone number**, if you have one.

Please give your **email address** if you have one. You should enter each symbol legibly in a separate box.

3. Further Details:

Country of birth Please give the name of the country where you were born. Give your **citizenship**. Persons who were born outside of St. Lucia but are St. Lucian citizens should provide proof of their citizenship. If you have a **disability, special needs or medical condition**, please indicate this, otherwise enter **N/A** for *not applicable*. If your home address is different from your **postal address** (for example, if you receive mail through a P.O. Box), please give your home address.

4. Contact Information:

Please provide the necessary contact information of a parent/guardian/spouse or next of kin.

5. Educational Background:

Give the names and addresses of the two most recent schools you have attended, listing your current school first.

6. Qualifications:

It is important that all the details in this section are filled out appropriately. If you are awaiting results, please enter the month and year that you will be sitting exams, the Examination body (for example, CXC, GCE, SALCC Courses), the subject and the level. Indicate **B** for Basic and **G** for General.

7. Employment History:

Please give the names and addresses of two of your most recent employers (if any).

8. Programme Selection:

Please read carefully the entry requirements in Section 3.0 and Section 6.0 of this document before making your programme selection.

9. Non Declared Major:

Please tick the box "Non Declared Major" if you have not decided on a major Programme of Study that you wish to pursue at the College.

10. Course Selection:

Please indicate the courses you wish to pursue from the list to be provided by the Department of Continuing Education and the College's website at www.salcc.edu.lc. Please note that Part-Time students may pursue up to a maximum of three (3) courses per Semester.

11. References: Please provide the information requested. One of these should be your current school Principal, if you are at school or have recently left school; or your most recent employer if you have been employed. **Do not use names of relatives!**

12. & 13. Individual and Parent/Guardian Declaration:

Please read the declaration on the application form carefully. You must sign it or we cannot process your application. Please note: if you are presently under the age of 18, your parent or a guardian must sign section 13 of the application form in order for us to process the form.