



BETHLEHEM MORAVIAN COLLEGE
Malvern P.O. St. Elizabeth
Telephone (876) 966-5392/ 5293 /5148 /5760

PHOTO

APPLICATION FORM

Personal Information (Please complete and return to the College)

SURNAME _____
(ALL CAPS)

FIRST & MIDDLE NAMES _____

MAIDEN NAME _____

Title: Mr. Mrs. Miss Ms Dr Rev

Date of Birth: DD MM YY

Nationality _____

Home Address _____

Email: _____

City/Parish/Province/State _____

Country _____

Phone No: Home _____ **Mobile** _____
Work _____

Mailing Address (if different from home address)

City/Parish/Province/State _____

Country _____

EMERGENCY CONTACT PERSON:

Name: _____

Address: _____

Email: _____

Phone No: Home _____ **Mobile** _____
Work _____

SECTION A

SPECIFY THE PROGRAMME YOU WISH TO PURSUE

Bachelor in Education

- Early Childhood Education
- Primary Education: Major in Primary Education
- Primary Education: Major in Primary Education (Part time)

Bachelor in Education – Business Studies

- Major -Business Studies Minor – Accounting
- Major- Accounting Minor – Business Studies

Bachelor in Education – English & Reading

Bachelor in Education – Business and Computer

- Major – Business Studies Minor – Information Technology

Bachelor in Education – Office Systems and Administration

- Major -Office Systems and Administration Minor - Accounting
- Major – Office Systems and Administration
Minor – Information Technology
- Office Systems Special

Bachelor in Education - Spanish

- Major – Spanish Minor – English or Social Studies

Advanced Placement

CCCJ Business Studies, Hospitality, Entertainment and Tourism Management

Associate Degree: Criminal Justice

Associate Degree: Major in Business Studies with emphasis in Accounting

Associate Degree: Major in Business Studies with emphasis in Management

Associate Degree: Major in Hospitality, Entertainment and Tourism with emphasis in /on
Foods and Beverage

Travel and Tours

Pre- College (for Candidates who need qualifying CXC and GCE Subjects for Tertiary
Institution)

SECTION B

EDUCATION

INSTITUTIONS ATTENDED IN CHRONOLOGICAL ORDER

Name of the Institution	City/Town Address	Country	From	To	No of Years	Qualification

Please summarize details of your Qualifications

*Status	Examining Body	Subject Area	Grade	Date

***Status = Obtained/Pending/Sitting**

SECTION D

PLEASE GIVE THREE REFERENCES BELOW

Reference 1

Name: _____

Address _____

Email: _____

Phone No: Home _____ Mobile _____ Work _____

Reference 2

Name: _____

Address _____

Email: _____

Phone No: Home _____ Mobile _____ Work _____

Reference 3

Name: _____

Address _____

Email: _____

Phone No: Home _____ Mobile _____ Work _____

Applicant's Signature

Date