



BETHLEHEM MORAVIAN COLLEGE
Malvern P.O. St. Elizabeth
Telephone (876) 618-5999/966-5392/ 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

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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 (Language/Literature/Spanish Minor)

Bachelor in Education – Business and Computer

- Major – Business Studies Minor – Computer Science
- Computer Science

Bachelor in Education – Office Systems and Administration

- Office Systems and Administration

Bachelor in Education

- History / Social Studies

Bachelor in Education – Mathematics & Science

- Mathematics
- Major - Mathematics Minor - Science

Associate Degree – Early Childhood Education

CCCJ Programmes

Bachelor of Science Degree - Business Administration

- Human Resource Management
- Finance & Management
- Marketing

Associate of Science Degree:

- Criminal Justice
- Computer Repairs Electronics
- Business Studies
- Major in Business Studies with emphasis in Management

Hospitality, Tourism Management with emphasis in

- Foods and Beverage
- Travel and Tours

Culinary Arts Associate of Science Degree (Centre of Occupational Studies)

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