



CARIBBEAN WESLEYAN COLLEGE
P.O. Box 17, Savanna la mar, Westmoreland, Jamaica W. I.
Telephone: (876) 955-2825/ 918-1373
cwcjamaica@yahoo.com

Re: B.A. & A.A. DEGREE PROGRAMMES
Application Requirements and Procedure

KEEP PAGES 1&2, & FINANCIAL INFORMATION. RETURN OTHERS

REQUIREMENTS:

- ✚ Application Form (someone must sign section for financial responsibility)
- ✚ Two recommendation forms, completed and sent **directly to the College** by your pastor **and** a church or community leader
- ✚ Medical form
- ✚ Birth Certificate
- ✚ A composition of about 700 words of your experience of conversion and call to ministry
- ✚ Evidence of Qualification; **and** an official transcript(s) sent directly from the school(s) you attended (secondary education and later)
- ✚ Two passport size photographs
- ✚ Application fee of US\$10.00 or J\$ equivalent

PROCEDURE:

- ✚ Collect or download Application Form, 2 recommendation forms, medical forms
- ✚ Complete and submit these with other requirements to the Admissions Office
- ✚ Expect call for Interview by the Admissions Committee (The Wesleyan applicant from outside of Jamaica will be interviewed by his/her District Board of Ministerial Development)
- ✚ The Admissions Committee makes a decision and notifies the applicant of the decision.
- ✚ Accepted applicants will receive package containing information re. Registration and Orientation.
- ✚ Registration Fee (US\$10.00 or J\$ equivalent) and Library/Computer Fee (US\$50.00) must be paid before starting classes.
- ✚ Applicants who wish to enroll in the **Fall Semester (August) should present all the requirements to the Admissions Office by the latest, mid-July.**
- ✚ Applicants who wish to enroll in the **Spring Semester (January) should present their requirements by the latest, November 30.**

CARIBBEAN WESLEYAN COLLEGE

(876)955-2825/918-1337; e-mail: cwcjamaica@yahoo.com; <http://www.caribbeanwesleyan.com>

APPLICATION FOR ADMISSION to DEGREE PROGRAMMES

PHOTO



Office Use

Student # _____

App. Rec'd (date) _____

Adm.(date) _____

Grad.(date) _____

PERSONAL INFORMATION

FULL NAME	DATE OF BIRTH	FEMALE <input type="checkbox"/>
		MALE <input type="checkbox"/>
ADDRESS	TELEPHONE:	
	E-mail:	
IN WHICH PROGRAMME DO YOU WISH TO ENROLL?	MARITAL STATUS	
A.A. in Christian Ministries 2 Yrs. <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/>	
B.A. in Christian Education 4 Yrs. <input type="checkbox"/>		
B.A. in Theology and Pastoral Ministry 4 Yrs. <input type="checkbox"/>	Separated <input type="checkbox"/> Divorced <input type="checkbox"/>	
CHURCH INFORMATION		FAMILY
Church Name _____		Nationality: _____
Address _____		Name of Spouse/Next of kin: _____
Denomination _____		Number of children _____
Pastor _____		Children's Ages _____
Phone () _____ () _____		_____
Email: _____		_____
Date of your conversion _____		_____

GENERAL INFORMATION

What is your present trade/occupation?	No. of years:
Have you engaged in any other jobs?	Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes" please state:
How do you plan to finance your education?	Personal Fund <input type="checkbox"/> Parent/Guardian <input type="checkbox"/>
	Church Sponsorship <input type="checkbox"/> Other <input type="checkbox"/>
	(Explain) _____

STATEMENT OF FINANCIAL RESPONSIBILITY

I/We _____ accept the financial responsibility (tuition, room, board, and other related expenses at Caribbean Wesleyan College for _____ (applicant's name)

Phone () _____ Address _____ Signature _____



CARIBBEAN WESLEYAN COLLEGE

MEDICAL INFORMATION

Name:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address:		
Date of Birth:	Phone: ()	Email:

In case of Emergency, please notify:		Phone: ()
		Email:
Relation to Student:	Address:	
Medical Insurance Company:		
Policy #	Phone: ()	

GENERAL HEALTH

Overall, I would rate my health as: Excellent Good Fair Poor

I suffer from: Frequent Colds Nervousness Anxiety/Depression
 Headaches Irregular Sleeping Patterns Fainting (Chronic Fatigue)
 Allergies (Please List)_____

Do you take medicine or treatment for any of the above? Yes No

If yes, what?_____

Do you wear contact lenses? Yes No

Have you had any operations, injuries, or serious illnesses (specific nature and date)_____

IMMUNIZATION HISTORY

<u>Vaccine</u>	<u>Date Given</u>	<u>Booster Date</u>
Tetanus, Diphtheria	_____	_____
Polio	_____	_____
Measles, Mumps, Rubella	_____	_____

I certify that the information on this form is true and complete to the best of my knowledge.

Applicant's Signature_____ Date_____

The following **MUST** be **COMPLETED** and **SIGNED** by a physician.

MEDICAL HISTORY

Has the applicant had or does she/he now have any of the following?

	Yes	No		Yes	No	Please explain any answers that you have answered 'yes' to.
Asthma			Venereal Disease			
Tuberculosis			Tonsillitis			
Polio			Anemia			
Diabetes			Allergies:			
Heart Trouble/Ulcer			Medication			
Epilepsy			Food			
Hearing Difficulty			Serum			
Eye Trouble			Recurrent Headaches			
Contact Lenses			Irregular Sleep Pattern			
Menstrual Disorder			Chronic Fatigue			
Eating Disorder			Anxiety/Depression			
Hernia			Nervous Breakdown			
Bone & Joint Disease			High Blood Pressure			

PHYSICAL EXAMINATION

General Condition			
Hearing		Hearing	
Adenoid		Sight	
Skin		Tonsils	
Chronic Appendicitis		Thyroid	
Venereal Disease		Tuberculosis	
Needed Dental Work		Epilepsy	
Irregularity in Speech		Nervous Disorder	
Bronchial tubes and lungs			

- Do any effects of the illness listed in "Medical History" persist? Yes No
- What medications does the patient routinely take? _____
- Is there any history of chemical dependency? _____
- On the basis of your examination and knowledge do you feel that the patient is physically and emotionally able to undertake a full college programme of study and activities? Yes No

If No, explain _____

Physician's Name (PRINT) _____ Signature _____

Physician's Address, Phone Number, and Email: _____



CARIBBEAN WESLEYAN COLLEGE

RECOMMENDATION FORM

This form must be completed by the appropriate person- see information sheet for details- and returned to

Admissions Office, Caribbean Wesleyan College
P.O. Box 17, Savanna la mar, Jamaica W.I.
Telephone (876) 955-2825/ 918-1373

(To be completed by applicant. Please print in ink or type)

NAME OF APPLICANT _____ PHONE: _____

ADDRESS _____

(To be completed by Reference): Underline one of Pastor/ Community Leader/ Church Leader

The above named person is making application for admission to Caribbean Wesleyan College. Please indicate on the form below your assessment of his/her character traits. This information will be used to determine the eligibility for admission only. In order to maintain confidentiality, please return this form in a sealed envelope directly to the Admissions Office of the College.

1. Please circle the appropriate response (1-questionable to 5-outstanding, NA-not known/ not observed).

A. Christian Lifestyle	NA	1	2	3	4	5
B. Emotional Maturity	NA	1	2	3	4	5
C. Leadership Skills	NA	1	2	3	4	5
D. Social Skills	NA	1	2	3	4	5
E. Activities Involvement	NA	1	2	3	4	5
F. Decision Making	NA	1	2	3	4	5
G. Punctuality	NA	1	2	3	4	5
H. General Attitude	NA	1	2	3	4	5
I. Relationship with Others	NA	1	2	3	4	5
J. Passion for Souls	NA	1	2	3	4	5

2. How long have you known the applicant? _____

3. What are the strengths of the applicant and what are areas needing improvement?

4. Describe the applicant's church participation:

5. Additional comments (more may be added to back of this form if necessary):

Name: _____ Phone: _____

Address: _____

Signed: _____ Date: _____



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6. Please circle the appropriate response (1-questionable to 5-outstanding, NA-not known/ not observed).

A. Christian Lifestyle	NA	1	2	3	4	5
B. Emotional Maturity	NA	1	2	3	4	5
C. Leadership Skills	NA	1	2	3	4	5
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H. General Attitude	NA	1	2	3	4	5
I. Relationship with Others	NA	1	2	3	4	5
J. Passion for Souls	NA	1	2	3	4	5

7. How long have you known the applicant? _____

8. What are the strengths of the applicant and what are areas needing improvement?

9. Describe the applicant's church participation:

10. Additional comments (more may be added to back of this form if necessary):

Name: _____ Phone: _____

Address: _____

Signed: _____ Date: _____