



# TURKS AND CAICOS COMMUNITY COLLEGE APPLICATION ADMISSION

Lighthouse Road, Grand Turk Tel: (649) 946-1163 Fax: (649) 946-1661  
3 Success Way, Down Town, Providenciales, Tel: (649) 941-3210 Fax: (649) 941-8380

AMT. PD.: \$ \_\_\_\_\_

DATE PD.: \_\_\_\_\_

RECPT #: \_\_\_\_\_

### GENERAL INSTRUCTIONS

NOTE: ADMINISTRATIVE OFFICE WILL NEED TO SEE ALL ORIGINAL DOCUMENTS. (PASSPORT, BIRTH CERTIFICATES, ETC.). TYPE OR PRINT LEGIBLY IN BLOCK LETTERS

- Submit SEALED copy of official transcript from High School or College
- Attach copies of academic certificates e.g. CXC, GCS, RSA, Pitman etc.
- Submit copy of Birth Certificate or page of passport with photograph AND two (2) colour photos
- Job Letter  n/a
- Proof of Immigration Status
- Proof of Financial Status
- Return your completed application to: The Registrar, TCI Community College, Lighthouse Road, Grand Turk, Turks and Caicos Islands or TCI Community College P.O. Box 118, 3 Success Way, Down Town, Providenciales, Turks and Caicos Island

SCHOOL YEAR: FALL  SPRING  SUMMER  20\_\_\_\_ CAMPUS: GRAND TURK  PROVO

YEAR: 1  2  SEMESTER: 1  2  SUMMER  DAYTIME  EVENING

NEW STUDENT:  CONTINUING STUDENT:  TRANSFER STUDENT:  MATURE STUDENT:

FINANCIAL STATUS: GOVERNMENT SCHOLARSHIP:  FULL:  PARTIAL:  GRANT:  \$ \_\_\_\_\_  
 PRIVATE SCHOLARSHIP:  \_\_\_\_\_  
 PERSONAL SCHOLARSHIP:  \_\_\_\_\_  
 OTHER:  \_\_\_\_\_

ANTICIPATED COLLEGE PROGRAMME: 1<sup>ST</sup> CHOICE \_\_\_\_\_  
 2<sup>ND</sup> CHOICE \_\_\_\_\_  
 BACHELORS:  ASSOCIATE DEGREE:  CERTIFICATE:  PRE-COLLEGE/ACADEMIC UPGRADING:

### PERSONAL INFORMATION:

NAME: \_\_\_\_\_  
FIRST MIDDLE SURNAME

ADDRESS: \_\_\_\_\_

CONTACT#: \_\_\_\_\_  
TELEPHONE MOBILE E-MAIL ADDRESS

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ SEX: MALE  FEMALE

RELIGION: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_ BELONGER  NON-BELONGER

PLACE OF EMPLOYMENT (IF APPLICABLE): \_\_\_\_\_ HOW LONG: \_\_\_\_\_

PREVIOUS EMPLOYMENT (IF LESS THAN 2 YEARS): \_\_\_\_\_ POSITION: \_\_\_\_\_

NAME OF PARENT (S)/GUARDIAN (S)/NEXT OF KIN (IN CASE OF EMERGENCY):  
Mr.  Mrs.  Ms.  Miss  Mr.  Mrs.  Ms.  Miss

RELATION: \_\_\_\_\_ RELATION: \_\_\_\_\_

TELEPHONE#: \_\_\_\_\_ TELEPHONE#: \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL AILMENTS? Yes  No   
IF 'YES' PLEASE EXPLAIN: \_\_\_\_\_

