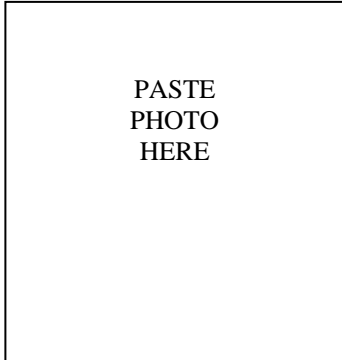




THE HYDEL UNIVERSITY (T.H.U.)

FERRY, ST. CATHERINE/ PO BOX172, KINGSTON 20
TEL: (876) 705-8397 \ 705-8898, FAX: 705-8372
WEBSITE: hydelgroupofschools.com
EMAIL: hydeluniversity@yahoo.com



"SOARING UPWARDS ON THE WINGS OF EXCELLENCE"

YEAR OF APPLICATION FOR ADMISSION _____

Please tick where applicable

REGISTRATION NUMBER.....

SECTION I - PERSONAL DATA

Title (Mr. / Ms. / Mrs.)
Last Name/Surname *First Name* *Middle Name(s)*

Maiden Name (if applicable)..... Gender: Male Female

Date of Birth TRN/National/...../..... Religion/Denomination.....
(dd/mm/yyyy)

Marital Status
Single Married Divorced Separated

Permanent Address:.....
.....

Mailing Address (if different from permanent address)
.....

..... Cell Phone.....
Home Phone..... Work Phone..... Email Address.....

Country of Birth Country of Citizenship Country of Residence Duration (yrs.)
.....

Identification Number From.....To Programme.....

a) Do you have a disability? Yes No
If yes, please specify (This information is needed in case special facilities are required).....

SECTION II- NEXT OF KIN

(Mr./Mrs./Miss)
Last Name/Surname *First Name* *Middle Name(s)*

Home/ Permanent Address.....
..... Relationship to Applicant.....

Cell Phone..... Work Phone Fax Home Phone.....

SECTION III- EMERGENCY CONTACT

(Mr./Mrs./Miss)
Last Name/Surname *First Name* *Middle initial(s)*

Permanent Address.....
.....

Relationship to Applicant..... Emergency Contact (Home Phone).....

Contact (Work Phone) Ext Emergency Contact (Cell Phone).....

List educational institutions and any other programmes or courses you have completed including degrees, which you wish to be used to satisfy Matriculation requirements.

Name of Institution	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Type of Programme	Subject Area/Major	Date of Award

List any sporting /cultural activities /service clubs in which you have been involved.

.....

.....

.....

.....

Do you play a musical instrument?

a) Yes No b) If yes, please specify.....

SECTION VI - FINANCIAL RESOURCES

Expected Source of Funding:

Government S.L.B. Loan Self JAMVAT
 Parents Award N.Y.S Others

Will you be able to meet your financial obligation by August of the year of acceptance? Yes No

SECTION VII - HIGH SCHOOL RECORD

List the name (s) of the High School attended:

a).....From.....To.....

b).....From.....To.....

c).....From.....To.....

d).....From.....To.....

SECTION VIII - EMPLOYMENT RECORD

State employment information starting with current job.

a) Name of Employer.....	(b) Name of Employer.....
Job Status.....	Job Status
Address..... Apt. /Street/P.O. Box	Address..... Apt. /Street/P.O. Box
Parish.....	Parish.....
Country.....	Country
From.....To.....	From.....To.....

SECTION IX- REFEREE INFORMATION

Name Two Referees

a) Name of Referee	(b) Name of Referee
Name of organization.....	Name of organization.....
Position.....	Position.....
Address..... Apt. /Street/P.O. Box	Address Apt. /Street/P.O. Box
Parish/country.....	Parish/country.....
City/Town/Post Office	City/Town/Post Office.....
Tel.....	Tel.....

SECTION X – DECLARATION

I hereby certify that I have read and understood the instructions and the information necessary for completing this application. I further certify that all information herein are true and complete. I commit to provide such fees as may be payable to the Hydel University I understand failure to do so will result in admission to or registration with the University may be revoked.

This application is made with my consent and I intend to provide such fees as may be payable to The Hydel University.

...../...../.....
Signature of Applicant Date (dd/mm/yyyy)

...../...../.....
Signature of Parent/Guardian Date (dd/mm/yyyy)
(where applicable)

FOR OFFICIAL USE ONLY

Documents Received

- Application Fee
- Birth Certificate
- Marriage Certificate
- Deed Poll
- Transcripts
- CXC/GCE Certificates
- Other (specify).....

Original Documents Returned

Receipt No.

...../...../.....
Signature of University Officer Date (dd/mm/yyyy)

...../...../.....
Signature of University Registrar Date (dd/mm/yyyy)

NOTE: ALL SECTIONS OF FORM MUST BE COMPLETE IF APPLICABLE. ANY SECTION THAT IS NOT RELEVANT, PLEASE INDICATE "NA". ALL APPLICATIONS MUST BE ACCOMPANIED BY A COPY OF ACADEMIC AND BIRTH CERTIFICATES. ONLY APPLICANTS PENDING SUBJECT(S) WILL BE EXEMPT.