



THE HYDEL UNIVERSITY COLLEGE (T.H.U.C.)

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"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).....

Are you a Hydel Staff Member? Yes No

Are you a dependent of a Hydel Staff Member? Yes No

If yes, state your name.....

If yes, state:

Status

Name of Staff Member.....

Relationship to applicant.....

How did you obtain information about The Hydel University? Internet Media

Others: Please specify.....

SECTION IV - CHOICE OF PROGRAMME

Please tick to indicate your choice of programme

1) **BACHELOR OF EDUCATION**

3) **POSTGRADUATE DIPLOMA IN EDUCATION**

EARLY CHILDHOOD

PRIMARY

(For holders of Bachelor’s degrees in other disciplines)

SECONDARY

LITERACY STUDIES

SPECIAL EDUCATION / DISABILITIES

GUIDANCE and COUNSELLING

PHYSICAL EDUCATION & SPORTS

2) **BACHELOR OF SCIENCE**

4) **MASTER’S OF ARTS**

HUMAN RESOURCE MANAGEMENT

MARKETING

EDUCATION LEADERSHIP

BUSINESS ADMINISTRATION

COMPUTING- Network Design and Security

DAY

EVENING

SECTION V- ACADEMIC INFORMATION

List all subjects passed at CXC (CSEC) General Proficiency.

Examination Body (e.g. CXC, Cambridge)	SUBJECTS	Grade	Date Awarded (dd/mm/yyyy)

List all subjects passed at CXC (CAPE) Unit 1 & Unit 2 and GCSE Advanced Subsidiary & Advanced Level.

Examination body CAPE/ A’ LEVEL	SUBJECTS	Grade	Date Awarded (dd/mm/yyyy)

List academic programmes or examinations for which you are currently preparing or awaiting examination results

Examination Body e.g. CXC, CAPE, GCE	Level Unit 1 or Unit 2	Subject/ Programme	Date of Exam (dd/mm/yyyy)	Grade

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 - EMPLOYMENT RECORD

State employment information starting with current job.

Name and Address of Employer	Employer's Telephone	Job Title	Period of Employment	
			From	To

SECTION VIII- 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 IX – 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 Hydrel 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 Hydrel 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.

Date Processed: _____

Decision taken:

- Accepted
- Not Accepted
- Accepted with condition

Programme: _____

Date of Entry: _____