



# THE COLLEGE OF THE BAHAMAS

## APPLICATION FOR NON-TRADITIONAL COURSES/PROGRAMMES

[www.cob.edu.bs](http://www.cob.edu.bs)

### GENERAL INSTRUCTIONS

1. Please type or print clearly in BLOCK LETTERS.
2. Proof of citizenship or immigration status is required with the application; an affidavit or marriage certificate must be submitted where the name used in the passport or Certificate of Identity differs from that appearing on your academic certificates or other records.
3. Pay a **NON-REFUNDABLE** application fee of \$40 (Cash, Bank certified cheques, Visa, MasterCard or Suncard accepted). Payments may be made at the COB Business Office from 9:00 a.m. to 4:00 p.m., weekdays. Personal Cheque/s not accepted.

### SECTION A: PERSONAL DATA

_____ LAST NAME		_____ FIRST NAME		_____ MIDDLE NAME	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		_____ MAIDEN NAME			
_____ STREET/SETTLEMENT		_____ CITY/ISLAND		_____ COUNTRY	
_____ P.O. BOX/ZIP CODE	_____ AREA CODE	_____ TEL. HOME	_____ WORK	_____ EXT. NO.	_____ FAX NUMBER
_____ MOBILE PHONE		_____ E-MAIL ADDRESS			
_____ M / D / Y (DATE OF BIRTH)	_____ PLACE OF BIRTH		_____ CITIZENSHIP		
_____ NAME OF YOUR EMPLOYER		_____ DEPARTMENT		_____ YOUR OCCUPATION	
DO YOU HAVE ANY PHYSICAL AILMENTS?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU HAVE ANY LEARNING DISABILITIES?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, STATE THE NATURE OF YOUR AILMENT/LEARNING DISABILITY/IES? _____ _____					
<b>EMERGENCY CONTACT:</b> _____					
_____ PERSON TO CONTACT IN CASE OF EMERGENCY			_____ RELATIONSHIP		
_____ TEL. HOME		_____ WORK		_____ EXT. NO	
				_____ MOBILE	

### SECTION B: CLASSIFICATION DATA

_____ ANTICIPATED COURSE/PROGRAMME (First Choice)		_____ (Second Choice)	
I WISH TO BEGIN STUDIES IN: <input type="checkbox"/> FALL		<input type="checkbox"/> SPRING	<input type="checkbox"/> SUMMER
		YEAR: _____	
CAMPUS LOCATION: <input type="checkbox"/> New Providence		<input type="checkbox"/> Northern Bahamas	<input type="checkbox"/> Andros <input type="checkbox"/> Exuma <input type="checkbox"/> Other _____

**SECTION C: EDUCATIONAL BACKGROUND (Not required for seminars/workshops/ILCI)**

NAME OF COLLEGE/UNIVERSITY/ PROFESSIONAL INSTITUTE:	STATE/COUNTRY	ATTENDANCE PERIOD		QUALIFICATIONS RECEIVED	YEAR AWARDED
		FROM	TO		
NAME OF HIGH SCHOOL GRADUATED FROM:					

- a) College/University Transcript/s – (Official transcript/s should be addressed to the Assistant Director, Professional Development, CEES in a sealed envelope and stamped by the forwarding institution);  
OR
- b) Where applicable, verification of work experience in lieu of Degree.

**SECTION D: Where did you learn about Continuing Education and Continuing Education Courses?**

<input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Presentations @ seminars, civic groups, organizations, etc. <input type="checkbox"/> Other _____
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**SECTION E: APPLICATION CHECKLIST**

I hereby confirm that all data provided are accurate and true, and that legible copies of the following information is attached to this completed Application Form:

- Relevant pages of a passport showing personal data, photo and expiration date or updated Certificate of Identity
- An Affidavit or Marriage Certificate (To confirm name change)
- Proof of citizenship or immigration status
- Requested Official Transcript/s (if required)

Originals must be presented for verification of conformity to copies.

\_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 SIGNATURE OF APPLICANT M D Y