



THE COLLEGE OF THE BAHAMAS

APPLICATION FOR NON-TRADITIONAL COURSES/PROGRAMMES

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?								

EMERGENCY CONTACT: _____								
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 _____

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