



Application Form



2 1/2-Year Diploma in Management Studies (B.D.M.S.)

Name: (Mr/Mrs/Ms)	(First Name)		(Middle Initial)	(Last Name)	
Maiden Name:				Country of Birth:	
Date of Birth:	(Year)	(Month)	(Day)	Nationality:	
				National Registration #:	
Home Address:				Tel: (h)	
				Tel: (c)	
E-mail:					

Name of Company / Organization:				
Address:			Tel: (w)	
			Ext(s):	
Job Title:				
E-mail:				

NAME & TITLE OF CONTACT PERSON (IF SPONSORED)	
Name:	Title:

AREAS OF SPECIALIZATION

[choose one (1) only]

Administrative Management	
Human Resource Management	
Event Planning and Conference Management	
Tourism Management	
Marketing Management	
Financial Management	
Production and Operations Management	
Management of Information Technology	

EDUCATIONAL BACKGROUND

Schools / Colleges, etc.		YEARS	
		From	To
Primary:	▪		
Secondary:	▪		
	▪		
Tertiary:	▪		
	▪		

GCE / CXC and/or other Certificates

Subject	Grade	Year	Subject	Grade	Year
•			•		
•			•		
•			•		
•			•		
•			•		

FOR OFFICIAL USE ONLY

Courses 


Mark	Grade	Year
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Course Title	Mark	Grade	Year
•			
•			
•			
•			
•			
•			


Degrees and/or Diplomas

Institution	Diploma / Degree	Date
•	•	
•	•	

EXEMPTIONS REQUESTED

 Course	
Yes	No ★

1.	
2.	
3.	
4.	

★ If not a  course, please state institution

WORK EXPERIENCE

		YEARS	
		From	To
Company/Organization	Job Title		
■			
■			
■			
■			

I HEREBY CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND CORRECT

Signature: _____ Date: (Y) _____ (M) _____ (D) _____

The following are required to support this application:

- (1) **Photocopies** (no originals) of documentary evidence of qualifications (i.e. GCE's, CXC's and/or certificates and diplomas)
- (2) A non-refundable fee of \$50.00.

APPLICATIONS CANNOT BE PROCESSED UNLESS THE ABOVE-MENTIONED ARE SUBMITTED ALONG WITH THE APPLICATION FORM.

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APPLICATION FEE – \$50.00

	<input checked="" type="checkbox"/> Box		Date Paid	
Cash:			(Y) _____	(M) _____
Cheque:		Nº _____	(D) _____	
Debit Card:				
Credit Card:				
Amount Paid:		\$ _____		
Official Receipt Nº:				
Cashier's Initials:				

DIPLOMA PAYMENT IN FULL

	<input checked="" type="checkbox"/> Box		Date Paid	
Cash:			(Y) _____	(M) _____
Cheque:		Nº _____	(D) _____	
Debit Card:				
Credit Card:				
Amount Paid:		\$ _____		
Official Receipt Nº:				
Cashier's Initials:				

EXEMPTIONS

			BIMAP Courses – \$100.00 Other Courses – \$250.00		
Number of Exemptions Granted: ➤				<input checked="" type="checkbox"/> Box	
Courses	Fee	Date Paid	Cash:		
1.			Cheque:		Nº _____
2.			Debit Card:		
3.			Credit Card:		
4.					

Official Receipt Nº:	
Cashier's Initials:	