

St. John's College Extension Division  
Men and Women for Others  
www.ext.sjc.edu.bz

Application Form

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**Dear Applicants**

1. Please fill out this form completely and correctly and submit with an application fee of \$5.00.
2. All applicants must be in possession of at least a Primary School Leaving Certificate.
3. Transfer students must have completed the academic year at the school they are transferring from and the application must be accompanied with an official sealed transcript from the school.
4. Application forms for new applicants must be accompanied by two letters of recommendation.
5. Application form must be submitted to the office of the Extension Division no later than June 3, 2009.
6. All students will be required to take a placement test on August 11, 2009.

**Please Print**

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Name: \_\_\_\_\_  
Surname First Middle

Home Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
Street City/Town District

Place of Birth: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Religion (chatolic): \_\_\_\_\_ Non Chatolic \_\_\_\_\_ (Specify)

Work Place (If Employed): \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Tel No: \_\_\_\_\_

Primary School Last Attended: \_\_\_\_\_

Secondary School Last Attended: \_\_\_\_\_

Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Year of Enrollment: \_\_\_\_\_ Forms Completed: \_\_\_\_\_

Have you attened Extension before? Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_

**Please specify any medical problem (s) that the school should know about.**

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### **STUDENT AGREEMENT**

I have read the information on this form. If I am accepted in St. John's College Extension Division I shall:

1. Pay or arrange for payment of all fees.
2. Become familiar with the rules and policies of the school and abide by them.
3. Be committed to and serious about my studies.
4. Be a part of the school's activities by attending school functions and supporting school endeavours.

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_  
Day/Month/Year