

COLLEGE OF AGRICULTURE, SCIENCE & EDUCATION
Passley Gardens, P.O. Box 170, Port Antonio
Portland, Jamaica, West Indies
TEL: 993-5628/5436 FAX: 993-5559 Email: registry@case.edu.jm

APPLICATION FOR FURTHER STUDIES AT CASE

Instructions: PLEASE PRI	NT IN F	BLOCK CAPIT	ALS			
I. Personal Information						
NAME:						
LAST		FIRST			MIDDLE(S)	
DATE OF BIRTH:						
MC	ONTH	DAY		YEAR		TRN
CURRENT ADDRESS:						
TELEPHONE #: ()		F	EMAIL	:		
II. Academic Information						
CURRENT I.D. #:						
PROGRAMME APPLYING	G FOR					
1 ST CHOICE :						
2 ND CHOICE:						
3 RD CHOICE:						
PROGRAMME (S) PREVI	OUSLY	PURSUED AT	CASE			
			Attended		Status (<i>Please</i> ✓)	
Programme Eg. ASc in General Agricul	ture	From Eg. Aug 2000	Eg	To June 2002	Completed	Pending
III. SOURCE OF FINAL	NCIN(J				
Personal		Family			Scholarshi	ip/Grant
Other [please state]						

PERSONAL, ACADEMIC AND PROFESSIONAL GOALS STATEMENT:						
DECL	ARATION AND AGREEMENT					
I (Name of Applicant)		o solemnly declare as follows:				
complete, to the best of my knowled	ided in this Application Form and support dge and 1 understand and accept that pro- l my application and/or subsequent admis- after referred to as "the College").	viding false information or sub-				
	-					
	he College I will abide by all the rules an that breaches of these rules and policies	_				
me.	that breaches of these fules and policies	will fesuit in sanctions against				
	ne College I will satisfy my financial obli- nent deadlines, and I understand and acc					
(a) my being barred from registration	on					
(b) cancellation of my registration (,					
(c) being barred from examinations (d) denial of access to services norr	mally provided for students who have sati	sfied their financial obligations				
to the College, and	nan, provided for scalends who have such	isinou tiion iiiiaiioiai oongaatons				
(e) forfeiture of the full rights and p	privileges of studentship at the College.					
-	hat Agricultural Production Technology n applies only to students pursuing certain					
Signature of the said Applicant:		Date: MONTH/DAY/YEAR				
For Official Use Only:						
Approval:Fully Matriculated	Conditional	Not Qualified				
Signature:	Date: MONTH/DAY/YEAR	2				
Registrar						
REG/AFS/1.0 MARCH 2020						