



ST. JOSEPH'S TEACHERS' COLLEGE

PAX ET BONUM!

Associate Degree Application Form



Dedicated to training leaders...
ACADEMIC PROGRAMMES

SECTION 3A: FINANCIAL OBLIGATIONS

Will you be able to fulfill your financial obligations? Yes No

If yes, please state your source of income: Salary Bank Loan Student Loan Credit Union CSJP
Other If other, state: _____

Are you willing to comply with: (A) Dress code: Yes No
(B) Department regulations? Yes No

SECTION 4: JOB HISTORY

Company Name	Position Held	Parish / City	Country	From	To

Have you ever had any teaching experience? Yes No

State total years of teaching experience: _____

If you have left school, have you been working since leaving? Yes No

If no, what have you been doing? _____

SECTION 5: PERSONAL STATEMENT

Write a statement that will help us become acquainted with you in ways different from courses, grades, and other objective data and the reason for your choice of this institution. *(Use additional paper if needed)*

I hereby certify that I have read and understood the instructions and the information necessary for completing this application.

I acknowledge that the information given in this application is complete and accurate.

Signature: _____

Date: _____

Witness: _____

Date: _____

Bachelor of Education (Collaboration with UWI)

1. Primary Education
2. Early Childhood Education
3. Early Childhood with Advanced Standing (For Diploma Graduates)
4. Primary Education with Advanced Standing (For Diploma Graduates)

Associate Degrees (Collaboration with CCCJ and UWI)

1. Social Work (CCCJ)
2. Criminal Justice (CCCJ)
3. Business Administration (CCCJ)
4. Early Childhood Education (UWI)
5. Performing Arts with Concentration in Dance, Drama or Music (CCCJ)
6. Environmental Studies
7. Management Information Systems

Short Programmes

1. Caribbean Secondary Examination Council (CSEC)
2. SJTC Pre-College

1. Bachelor of Education with Majors in

- a) Biology
- b) Physics or
- c) Chemistry

2. Bachelor of Education in Mathematics

Also, we have:

1. Lower Tuition fees
2. Flexible Payment Plans
3. Boarding Facilities
4. Mentorship Programme
5. Academic Advisement for Success
6. Comfortable Campus Environment
7. Comfortable and Multiple Study Spaces

Apply Now!

<https://isims.sjtc.edu.jm/apply/>
Documents needed

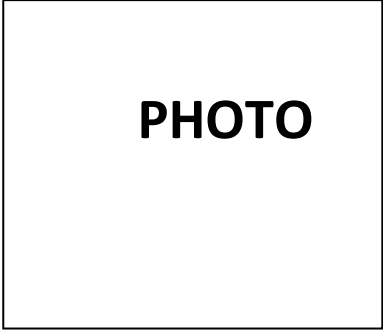
1. 1 Passport Size Photograph
2. Birth Certificate
3. Academic Certificates
4. Marriage Certificate (if applicable)
5. 2 Reference Letters
6. Transcript (Advanced Standing Students ONLY)

Contact Details

Email: info@sjtc.edu.jm and Admissions@sjtc.edu.jm
Contact number: 876 926 6659
Address: 16 Old Hope Road Kingston 5



ST. JOSEPH'S TEACHERS' COLLEGE
 16 Old Hope Road, Kingston 5, Jamaica, West Indies
 Tel: (876) 926-6659



**APPLICATION FORM
 ASSOCIATE DEGREES**

ACADEMIC YEAR _____ / _____

Instructions: (1) Complete forms in BLOCK CAPITAL, legibly and accurately (Forms not properly filled out will not be processed)
 (2) Return completed application to the College

PROGRAMME OFFERINGS

(Please specify the programme that you intend to pursue)

- | | |
|--|--|
| <input type="checkbox"/> Associate Degree in Business Administration | <input type="checkbox"/> Associate Degree in Management Information Systems |
| <input type="checkbox"/> Associate Degree in Criminal Justice | <input type="checkbox"/> Associate Degree in Performing Arts with Concentration in Dance |
| <input type="checkbox"/> Associate Degree in Early Childhood Education | <input type="checkbox"/> Associate Degree in Performing Arts with Concentration in Drama |
| <input type="checkbox"/> Associate Degree in Environmental Studies | <input type="checkbox"/> Associate Degree in Performing Arts with Concentration in Music |
| <input type="checkbox"/> Associate Degree in Social Work | |
- Full Time Part Time

SECTION 1: PERSONAL DETAILS

Surname: _____
 (BLOCK CAPITALS)

Middle Name(s): _____

Gender: Male Female

Marital Status: _____

National of: _____

Home Address: _____

Street: _____

Email Address: _____

Do you have any disabilities? Yes No

Christian Name: _____

Maiden Name: _____

TRN: _____

Date of Birth: _____

City / Parish: _____

Country: _____

Phone No. 1: _____

Phone No. 2: _____

Please specify: _____

Emergency Contact:

Name: _____ Occupation: _____

Address: _____ Phone No: _____

_____ Relation to you: _____

Religious Affiliation / Denomination: _____

- | | | | | | |
|-----------------------|------------------------------|-----------------------------|--------------------|------------------------------|-----------------------------|
| Physical Education | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Music and Movement | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Daily College Worship | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Chapel Service | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Christmas Lunch | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Graduation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes, please explain: _____

SECTION 2: ACADEMIC RECORD

Institutions Attended

School Name / Type	Street / District	Parish / City	Country	From	To

Qualifications

*Status	Examining Body	Subject Area	Grade	Date
			/...../.....
			/...../.....
			/...../.....
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			/...../.....
			/...../.....
			/...../.....

*Obtained / Pending / Sitting

SECTION 3: ACTIVITIES & REFERENCES

Clubs: _____

Phone No: _____

Responsibilities / Duties: _____

Occupation: _____

Relation to you: _____

Reference 2

Name: _____

Address: _____

Do you play a musical instrument? Yes No

Phone No: _____

If yes, please state: _____

Occupation: _____

Relation to you: _____

Please give two references below:

Reference 1

Name: _____

Address: _____

How did you hear about us?

Career Day Website Text Blast Newspaper

Friend/Family Social Media Other _____