



APPLICATION FOR DIPLOMA AND ASSOCIATE DEGREE PROGRAMMES

The accompanying Instruction sheet provides detailed information on the completion of this application

SECTION A - PERSONAL INFORMATION			
Name			
Title:	First name:	Last name/surname:	Middle name:
Former Name (if applicable)			
Title:	First name:	Last name/surname:	Middle name:
Contact Information			
Mobile number:		Home number:	Email:
Work number:	Work extension/s:		
Current residing address			
Street:			Zip/Postal Code:
City/Town:		Country:	
Mailing address (if different from above)			
Street:			Zip/Postal Code:
City/Town:		Country:	
Other			
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		Marital status: Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	
Religious denomination:		Country of birth:	
Father's nationality:		Mother's nationality:	
Emergency contact information:	Name:	Contact number:	
Do you have any disabilities? (This information is needed in case special facilities are required): (Yes) (No)			Explain if yes:
Are you an ASTI Staff Member? (Yes) (No)		Are you a dependent of an ASTI Staff Member? (Yes) (No)	
If Yes please fill out your information: _____		If Yes please fill out your information: _____	
Staff Identification Number: _____		Staff Identification Number: _____	
Campus/NCC: _____		Campus/NCC: _____	
Department: _____		Department: _____	
How did you obtain information about ASTI?	ASTI Alumni <input type="checkbox"/> Direct Mail <input type="checkbox"/> Employer <input type="checkbox"/> Internet <input type="checkbox"/> Media <input type="checkbox"/> School/College Fair <input type="checkbox"/> School Visit <input type="checkbox"/> Other: (please specify)		

SECTION B – PROGRAMME & SCHOOL INFORMATION	
Please state your Associate Degree, Diploma of Choice:	
First choice _____	Second choice _____

SECTION B – ACADEMIC RECORDS (CONTINUED)

Please list any sporting/community/cultural or social activities in which you have been involved.

SECTION C – FINANCIAL RESOURCES

Source of Funding

Government (specify): _____

Donor (specify): _____

Award (specify): _____

- Loan Self Parents ASTI (Institution of origin)

SECTION D – EMPLOYMENT RECORD

Source of Funding

Government (specify): _____

Donor (specify): _____

Award (specify): _____

- Loan Self Parents ASTI (Institution of origin)

SECTION E - EMPLOYMENT RECORD

List employment information starting with your current job

Name of employer:	Position:	Date started:	Date ended:
Street Address:	City/Town:	Country:	
Name of employer:	Position:	Date started:	Date ended:
Street Address:	City/Town:	Country:	
Name of employer:	Position:	Date started:	Date ended:
Street Address:	City/Town:	Country:	
Name of employer:	Position:	Date started:	Date ended:
Street Address:	City/Town:	Country:	
Name of employer:	Position:	Date started:	Date ended:
Street Address:	City/Town:	Country:	

SECTION G - DECLARATION

I hereby certify that I have read and understood the instructions and the information necessary for completing this application and that all statements made are true and complete. I intend to provide such fees as may be payable to the Institute. I understand that otherwise my admission to or registration in the Institute may be revoked.

Signature of applicant Date: DD/MM/YYYY

This application is made with my consent and I intend to provide such fees as may be payable to the Institute.

Signature of applicant Date: DD/MM/YYYY

FOR OFFICIAL USE ONLY

Documents Received

- Birth Certificate
- Marriage Certificate
- Deed Poll
- Transcripts
- Academic Qualifications e.g. CAPE/CSEC (CXC)/GCE
- Referee Reports
- Other (specify) _____

Original Documents Returned:

Signature of Applicant Date: DD/MM/YYYY

Signature of Institution's Officer Date: DD/MM/YYYY