

## OMEGA COLLEGE

STUDENT APPLI	CATION FO	ORM	
LAST NAME	FIRST NAME	E INITI.	ĀL
STUDENT No.			
Complete the Application for Admiss following fees (excluding VAT):  Application Fee  Transcript Evaluation Fee  Advising Fee	\$25.00	ege transcript submitted	
APPLICATION DOCUMENTS:  1. Two passport-sized colour photog 2. Copy valid passport pages showin 3. Copy of Immigration document(s) 4. Copy of your National Insurance of 5. Official high school transcript. 6. BJC/BGCSE/CXC/SAT certificate 7. Official College/University transcr 8. Copy of College/University degree 9. Two (2) reference letters: one of standing within the community who leader of a civic organization of whice 10. Current police record 11. A completed Omega College Sta	ong name, number, pho card. e(s). ripts. e. from your current em knows you (e.g. pries ch you are a part, etc. udent Health Informat	nployer and one from a st/minister, Member of ). ion Form. (Required up	a professional individual of good Parliament, Justice of the Peace, on acceptance)
Transcripts and other credentials that College, P.O. Box N-8439, Bernard Ro College and will not be returned).	you wish to submit in oad, Fox Hill Nassau, T	he Bahamas. (All docume	on may be sent directly to: Omega ents become the property of Omega
	For Office	<u>Use ONLY</u>	
College Transcript #1 Offi	icial icial	Received by Unofficial Unofficial Unofficial	Date Received
	·	NIB Card	Passport
Reference Letters 1.		Certificates 1	

## PERSONAL INFORMATION (please type or print in BLOCK CAPITALS)

Mr./Ms./Mrs./Dr./Rev. (Please circle)

Family Name/Surname			First		Middle
Indicate any other nam	e (married, ma	iden, adoptiv	e) which may appe	ear on your credent	ials:
Address: House #	Street				Apt #
City		Island	d/State/Province		Country
P.O. Box/Postal Code		(	) Home Phone		() Work Phone
() Cell Phone		Email add	dress (required)		
Date of birth/_ MM / DD	/	Place of b	irth		
Gender □Ma	le 🗆	Female			
Citizenship □ Ba	hamian □	Other (spec	rify country):		
Marital status ☐ Sir	ngle 🗆	Married	□ Divorced	□ Widowed	No. of dependents
Occupation		Empl	oyer and Dept		
Have you ever been co	nvicted of a cr	ime, other tha	an a traffic offence'	? □Yes □No	
ALTERNATE AND EM	ERGENCY CC				W 1 8
Name		Relat	ionship	Home Phone	Work Phone
Name		Relat	ionship	Home Phone	Work Phone
Name		Relat	ionship	Home Phone	Work Phone
The following Information □ Radio □ Ne □ Omega College stud □ Other (specify)	wspaper Adve ent <i>(specify)</i>	ertisement	□ Flyer	□ Internet	□ Relative/Friend

## **EDUCATIONAL BACKGROUND**

List below in chronological order every high school and college/university you have attended. (*Please do not use acronyms or abbreviations*) You may use a separate sheet of paper to explain what you have done since leaving school or during gaps between schooling. Remember to print your name and the program you are interested in on any separate sheets of paper.

Name of Institution	City/State/Country	Dates of Attendance	Diplomas/Certificates/Degrees Received
BGCSE/GCE grades:			
Cubicat	Cuada	Cubicat	Cuada
Subject	Grade	Subject	Grade 
Subject	Grade	Subject	Grade
Subject	Grade	Subject	Grade
Subject	Grade	Subject	Grade
Subject	Grade	Subject	Grade
Cubicat	Crada	Cubicat	Crada
Subject	Grade	Subject	Grade

## ANTICIPATED ENROLLMENT AND FUNDING □ Part-time □ Full- time ☐ Spring 20 ☐ Summer 20 □ Fall 20 Anticipated program (if known) How do you plan to fund your program? □ Personal funds □ Scholarship from □ Bank Loan □ Government Financial Aid □ Employer reimbursement (please provide contact information): Name Title Department Work Phone & Ext. □ Relatives (please provide contact information): Name Relationship Home Phone House # Street Apt# P.O. Box City Island/Province/State Country Employer & Dept. Work Phone & Ext. □ Other *(specify source)*: On occasion, students may need family members/friends to collect documents from the Business Office on their behalf. Please list below any individuals that Omega College may release information to without your prior written consent: Name \_\_\_\_\_ Name I CERTIFY THAT the information given in this application is complete and correct. I further understand that and will not be returned. I accept full responsibility for the settlement of all debts incurred. S

falsification or failure to supply the correct information may lead to the disqualification of my application for admission to OMEGA COLLEGE. I understand that OMEGA COLLEGE reserves the right to reject any application and is under no obligation to show cause for non-acceptance. I understand that I am responsible for the forwarding of official transcripts from schools I have attended and that the transcripts become the property of OMEGA COLLEGE

Signature of applicant		Date _	//
			MM / DD / YY
Signature of parent/guardian		Date	/ /
	(Required if applicant is under the age of 18)		MM / DD / YY

I hereby give OMEGA COLLEGE permission to use my likeness in any promotional or news release generated by OMEGA COLLEGE or any agent appointed by OMEGA COLLEGE. (Please initial)

I hereby give OMEGA COLLEGE permission to print my name in regard to any honors I receive or activities in which I participate. (Please initial)