

ATTACH PASSPORT SIZE PHOTO HERE

## **SAN PEDRO JUNIOR COLLEGE**

LAGUNA DRIVE & SEAGULL ST.
SAN PEDRO TOWN
BELIZE DISTRICT

Telephone: (+501) 226-4691 E-mail: info@spjc.edu.bz

### **APPLICATION FOR ADMISSION**

### **Dear Prospective Student:**

College is nothing like you ever imagined it to be. It is so much better. Your decision to continue your formal educational training is to be applauded. SPJC has designed its programs to equip young people with the skills, knowledge, and attitude necessary to become productive citizens, thereby contributing to the meaningful development of our country, Belize. Please review our programs and be a part of developing a new but promising tertiary institution.

\$30 Application \$50 Late Application \$50 Late Application \$1 Official High \$1 Copy of you \$2 recommendate principal, teacher capabilities. Co	ge should include the following fee (non-refundable) in School transcript (up to presection) (from current Junior Corresponding to the forward of the forward feet of the forward feet of the forward feet of the feet of the forward feet of the feet	sent) Sollege transfer studen and a copy of your So a copy of their residence arded as soon as receifiled out by the assess your es (where applicable)	ocial cy ived)
The Office will only process an a application deadline for August Into is on or before the 2nd Thursday in	ake is on or before the 2nd	required document: Thursday in May, and	s are submitted. The for January Intake, it
FOR OFFICIAL USE ONLY:			
Application Fee Paid: Receipt Number:	Admission Status:	ACCEPTED	NOT ACCEPTED
Completed application form	should be completed and return		locuments to:

Admissions Office San Pedro Junior College Laguna Drive and Seagull St San Pedro Town Belize District

## SAN PEDRO JUNIOR COLLEGE APPLICATION FOR ADMISSION (PLEASE PRINT CLEARLY)

# **SECTION I: PERSONAL DATA** NAME: MIDDLE ADDRESS: \_\_\_\_\_ CITY/TOWN PHONE #: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_ EMAIL: \_\_\_\_ PLACE OF BIRTH: AGE: **DOB:** / / MM/ DD / YY ☐ Belizean National ☐ Permanent Resident Other: CITIZENSHIP: □Male Female ☐ Married Other MARITAL STATUS: Single SEX: ☐ Anglican ☐ Catholic ☐ Methodist ☐ Presbyterian ☐ Other: **RELIGIOUS DENOMINATION:** T-SHIRT SIZE: S M L XL ZXL HEALTH STATUS: Excellent Good Fair Poor \*If health status is Fair or Poor, please explain why: COVID-19 VACCINATED: No Yes □ No □ Yes DISABILITIES: \*if Disabilities is checked yes, please briefly explain your disabilities: **SECTION 2: PARENTAL/GUARDIAN/SPOUSE DATA** ☐ Living Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_ ¬ Deceased Mother's Name: Address: Spouse's Name: Address: Living Deceased Deceased Deceased living **EMERGENCY CONTACT** SPONSOR

	n you took (or are sche	eduled to take) the ATLIB Exam:		
	ATLIB Exam, what wer acceptance to SPJC)	re your scores? English:	Math:	
ligh Schools, Jun Universities Atte most rece	nded (indicate	Years Attended	Date of Graduation	on
		condary school?		
		ie in post-secondary school?		
		ou have passed or will sit.		
Subject	Proficiency (Basic, General, Technical)	Examining Body (CXC, GCE, Other		Date

### **SECTION 4: PROGRAMS OF STUDY**

The San Pedro Junior College offers **(2)** <u>TWO</u> main programs of study: *Business* & *Social Science*. Please indicate the program you want to pursue at SPJC on the following page. Please use a checkmark in the box provided to show your specific choice.

## **ASSOCIATE DEGREE PROGRAMS OF STUDY**

### **RECOMMENDATION FORM**

#### **GENERAL INSTRUCTIONS**

**To the applicant:** Complete Section I and submit the form to the principal, teacher, employer, or other person who can assess your capabilities.

**To the recommender:** Please complete Section II and return the form in a sealed envelope to the applicant or forward the form in a sealed envelope to the Office of Admissions, San Pedro Junior College, Corner Laguna Drive and Seagull Street, San Pedro Town Belize District, Belize, C.A.

The deadline for receiving this recommendation form is the same as that of the complete application form.

ame:(Last)		(First)	<i>(</i> 1)	Middle)
ome Address:No.	Street	City/Town	District	
commender's Name:		Position/Tit	tle:	
ECTION II (to be completed	d by the recomm	ender):		
what capacity do you know	the applicant? _			
the academic record of the at, please describe the circur		urate indication of their a	ability? Yes No If	
ease comment on the applic	cant's ability/perfo	ormance and personal c	haracter.	
		ormance and personal c		
		·		
		·		
ease rate the applicant on th		·		
ease rate the applicant on th	ne following attrib	outes:		Below Average
ease rate the applicant on the Attributes Motivation	ne following attrib	outes:	Average	Below Average
ease rate the applicant on the Attributes  Motivation  Leadership	ne following attrib  Excellent	outes:  Good	Average	Below Average
ease rate the applicant on the Attributes Motivation Leadership Written Communication	ne following attrib  Excellent	Good	Average	Below Average
ease rate the applicant on the Attributes  Motivation Leadership Written Communication Oral Communication	Excellent	Good	Average	Below Average
lease rate the applicant on the Attributes  Motivation Leadership Written Communication Oral Communication Intellectual Curiosity  ased on the applicant's acad	Excellent	Good  Good	Average	Below Average
Attributes Motivation Leadership Written Communication Oral Communication Intellectual Curiosity  assed on the applicant's acade	Excellent	Good	Average  Description:	Below Average
Please rate the applicant on the Attributes Motivation Leadership Written Communication Oral Communication Intellectual Curiosity  Based on the applicant's acad	Excellent	Good  Good  D  D  D  D  D  D  D  Recommend	Average  Description:	Below Average