



Application Form

2 1/2-Year Diploma in Management Studies (B.D.M.S.)

Name: (Mr/Mrs/Ms)	(First Name)		(Middle Initial)	(Last Name)	
Maiden Name:				Country of Birth:	
Date of Birth:	(Year)	(Month)	(Day)	Nationality:	
				National Registration	
Home Address:				Tel: (h)	
				Tel: (c)	
E-mail:					

Name of Company / Organization:			
Address:			Tel: (w)
			Ext(s):
Job Title:			
E-mail:			

NAME & TITLE OF CONTACT PERSON (IF SPONSORED)	
Name:	Title:

AREAS OF SPECIALIZATION

[choose one (1) only]

Administrative Management		Marketing Management	
Human Resource Management		Financial Management	
Event Planning and Conference Mgt.		Production and Operations Mgt.	
Tourism Management		Management of Information Tech.	
Public Sector Management			

EDUCATIONAL BACKGROUND

Schools / Colleges, etc.		YEARS	
		From	To
Primary:	▪		
Secondary:	▪		
	▪		
Tertiary:	▪		
	▪		

GCE / CXC and/or other Certificates

Subject	Grade	Year	Subject	Grade	Year
•			•		
•			•		
•			•		
•			•		
•			•		

FOR OFFICIAL USE ONLY



Courses

Mark	Grade	Year
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Course Title

•			
•			
•			
•			
•			
•			

Degrees and/or Diplomas

Institution	Diploma / Degree	Date
•	•	
•	•	

EXEMPTIONS REQUESTED

			
		Course	
Yes	No ★		
1.			
2.			
3.			
4.			

★ If not a  course, please state institution

WORK EXPERIENCE

		YEARS	
		From	To
Company/Organization	Job Title		
■			
■			
■			
■			

I HEREBY CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND CORRECT

Signature: _____ Date: (Y) _____ (M) ____ (D) _____

The following are required to support this application:

- (1) **Photocopies (no originals) of documentary evidence of qualifications** (i.e. GCE's, CXC's and/or certificates and diplomas)
- (2) **A non-refundable fee of \$50.00.**

APPLICATIONS CANNOT BE PROCESSED UNLESS THE ABOVE-MENTIONED ARE SUBMITTED ALONG WITH THE APPLICATION FORM.

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APPLICATION FEE) \$50.00

	(✓) Box		Date Paid	
Cash:			(Y) _____	(M) _____
Cheque:		_____	(D) _____	
Debit Card:				
Credit Card:				

Amount Paid:	\$ _____
Official Receipt m:	
Cashier's Initials:	

DIPLOMA PAYMENT IN FULL

	(✓) Box		Date Paid	
Cash:			(Y) _____	(M) _____
Cheque:		_____	(D) _____	
Debit Card:				
Credit Card:				

Amount Paid:	\$ _____
Official Receipt m:	
Cashier's Initials:	

EXEMPTIONS

		BIMAP Courses _ \$100.00		
		Other Courses \$250.00		
Number of Exemptions Granted:			(✓) Box	
Courses	Fee	Date Paid	Cash:	
1.			Cheque:	_____
2.			Debit Card:	
3.			Credit Card:	
4.				

Official Receipt m:	
Cashier's Initials:	