

NOTES TO APPLICANTS - Submit the completed application along with all of the required documents (*see the Application Checklist on back page*)

PRIORITY DEADLINES - Bermuda College practices a rolling admissions policy, which means that each application is reviewed shortly after we receive all of the required and completed documents.

MAIL TO: Bermuda College, SERR Office
P.O. Box HM 2718, Hamilton HM LX, Bermuda

DEADLINE DATES: FALL SEMESTER - June 1st
SPRING SEMESTER - November 1st

DROP OFF: Bermuda College, SERR Office
2nd floor, College Centre
Stonington Avenue, Paget PG 04, Bermuda

SCHEDULE A CAMPUS VISIT | Contact our Recruitment Officer | T: 441-236-9000 ext. 4099 | EMAIL: tdill@college.bm

1. PERSONAL INFORMATION

Title: Mr Mrs Miss Ms

Surname: _____ Maiden: _____ First: _____ Middle: _____

Mailing Address: _____ Home Address: _____

Postal Code: _____

Postal Code: _____

Home #: _____ - _____ - _____ Cell #: _____ - _____ - _____ Work #: _____ - _____ - _____

E-mail: _____ Date of Birth: Month _____ Day _____ Year _____ Age: _____

2. RESIDENCY

Do you possess Bermudian status? Yes - go to next section No - specify country of citizenship _____

Do you reside in Bermuda? Yes - length of time _____ No - specify country of residence _____

Do you currently have permission to reside in Bermuda? Yes - submit a current Entry Visa No - complete Immigration Form

Is English your first language? Yes No - attach TOEFL Score Report (see www.toefl.com)

3. ETHNICITY & GENDER

The following information is used for statistical purposes only. It is not used to determine admission into Bermuda College.

Gender: Female Male non-specified

Which ethnic group do you belong?

Black White Asian Black & White
 Black & Other White & Other Other Race Not stated _____

4. EDUCATIONAL GOALS

Programme Choice: (*enter programme code located on back of form*)

1st CHOICE -

2nd CHOICE -

Enrollment Date: (enter year) FALL _____ (i.e. 2020) SPRING _____ (i.e. 2020) Intended Course load: Full-time Part-time

My educational goal at Bermuda College: (*Please mark one*)

- to complete a degree and transfer to another college or university
 to complete a degree only
 to complete a certificate only
 to take courses and transfer to another college or university
 to take courses for personal enrichment
 to take courses for job enhancement

5. EDUCATIONAL INFORMATION

List all secondary/high schools or college/universities attended, beginning with the most recent

NAME OF INSTITUTION	LOCATION	PERIOD OF ATTENDANCE (eg. 1999-2003)	QUALIFICATIONS Rcd. (eg. Bachelors/Assoc. Degree/Certificate)

(Applicants must supply official transcripts of academic record from the institutions named.)

Indicate by checking the appropriate box if you have any special needs (e.g. learning disabilities and/or physical challenges, medical conditions, etc.)

(please specify) Yes No _____

If yes, submit all supporting documentation including academic and psychological test results; special accommodations required and all other pertinent information. Students who knowingly and willfully misrepresent and/or omit required information on official Bermuda College forms shall be subject to disqualification from admission. *(Please submit Medical Disclosure Form with your application.)*

Have you previously attended Bermuda College? Yes No

If you were enrolled under a different name, please indicate name: _____

6. What/Who influenced you to apply to Bermuda College: *(Check all that apply)*

- Academic Guidance Affordability College/Career fair Friend(s) High School
 NECHE Accreditation One-On-One Consult Parents/Family Print media Programmes/Courses
 Radio Ads Recruitment Officer TV Job/Employer

7. RELEASE OF INFORMATION

- I declare that the above information is true and complete.
- I hereby apply for admission to the Bermuda College under the conditions provided in the Catalogue.
- I understand that this application will not be processed until all documents have been submitted to SERR Office.
- I confirm that my sponsors may have access to my academic records while under their sponsorship.

Choose one of the following:

- My parents/legal guardians **may have** access to my academic records while I am a student at Bermuda College.

If yes, Names are Mandatory

Surname: _____ First: _____ Relationship: _____

Surname: _____ First: _____ Relationship: _____

- My parents/legal guardians **may not have** access to my academic records while I am a student at Bermuda College.

8. SIGNATURES - Applicants under the age of 18 years require parent's or legal guardian's signature.

Applicant's Signature: _____ Date: _____

Parent's/legal guardian's Signature: _____ Date: _____

STUDENT MEDICAL DISCLOSURE FORM

PRIVATE & CONFIDENTIAL

In the past, staff at the Bermuda College have had to handle medical emergencies for students for which there was no medical information on file. To ensure that such situations do not recur, each student is asked to complete the Bermuda College Student Medical Disclosure form. Thus, in the event of a medical emergency, faculty members and other relevant Bermuda College staff will have been informed and be able to respond appropriately. This information will not be used to disadvantage the student in any way.

Information about Bermuda College students with medical conditions will only be disclosed to the Dean of Student Services and faculty members whose classes the student may attend. In case of a medical emergency, Security Officers may also be informed, in order to contact the proper authorities and to properly assist in administering aid to the student.

Title: Mr Mrs Miss Ms

(mark one of the boxes above)

Gender: Female Male non-specified

(mark one of the boxes above)

Surname: _____ Maiden: _____ First: _____ Middle: _____

Home Address: _____ Postal Code: _____

Home #: _____ - _____ - _____ Cell #: _____ - _____ - _____ Work #: _____ - _____ - _____

E-mail: _____ Date of Birth: Month _____ Day _____ Year _____ Age: _____

Program: _____

EMERGENCY CONTACT PERSON:

Surname: _____ First: _____ Middle: _____

Relationship to Applicant: _____ Address: _____

Place of Employment: _____

Home #: _____ - _____ - _____ Cell #: _____ - _____ - _____ Work #: _____ - _____ - _____

Please note any medical condition(s) that may impede your academic progress:

Please list any current medication you are taking for your medical condition(s):

(Choose one of the following options.)

I _____ have nothing to disclose.

(Signature)

I _____ certify that I have given complete documentation of my medical condition(s).

(Signature)

I _____ do not wish to disclose my medical condition(s) at this time and I will not hold

(Signature)

Bermuda College liable as a result of my not disclosing my medical condition(s).

Student's Signature: _____

Date: _____

PROGRAMME CODES

Associate Degree Programmes

AA-ARTS	Arts
AA-ARDGN	Art and Design
AA-ARTSC	Arts and Science
AA-ABUSA	Arts (Business Administration)
AA-ECE	(Early Childhood Education)

AS-ACTSC	Science (Actuarial)
AS-CIS	Computer Information Systems
AA-AHMSV	Arts (Human Services)
AS-EDUCN	Education
AS-SCIEN	Science
AS-MARSCI	Marine Science
AS-MED	Pre-Health Science
AS-NURS	Nursing
AS-PHLT	Pre-Health Science

Associate in Applied Science Degree

AAS-CUART	Culinary Arts
AAS-HVAC	Heating, Ventilation and Air Conditioning
AAS-HSMGT	Hospitality Management
AAS-MVTEC	Motor Vehicle Technology
AAS-PLUMB	Plumbing Technology
AAS-ELTEC	Electronics Technology
AAS-WDTEC	Wood Technology

Diploma Programmes

DP-CNTEC	Computer Network Technology
DP-CPTEC	Computer Programming Technology
DP-CUART	Culinary Arts
DP-FBMGT	Food and Beverage Management
DP-HVAC	Heating, Ventilation and Air Conditioning
DP-HSMGT	Hospitality Management
DP-MVTEC	Motor Vehicle Technology
DP-PLUMB	Plumbing Technology
DP-WDTEC	Wood Technology

Certificate Programmes

CT-ACAST	Accounting Technician
CT-TECH	Applied Science Technology
CT-ELWIR	Electrical Wiring Technology
CT-HVAC	Heating, Ventilation and Air Conditioning
CT-MVTEC	Motor Vehicle Technology
CT-PLUMB	Plumbing Technology
CT-WDTEC	Wood Technology

NOTE: Not every programme listed will be offered every semester. The College reserves the right not to offer a programme depending upon availability of instructors, facilities and student enrolment.

APPLICATION CHECKLIST

TRADITIONAL STUDENT	NON-TRADITIONAL STUDENT	INTERNATIONAL STUDENT
	<ul style="list-style-type: none"> • over the age of 21 without a high school diploma or GED • over the age of 25 	<ul style="list-style-type: none"> • non-resident • non-Bermudian
<ul style="list-style-type: none"> <input type="checkbox"/> Completed Application Form <input type="checkbox"/> Bermuda Passport with Registered Status Stamp, proof of Bermudian Status or Entry Visa <input type="checkbox"/> Official transcripts & external examination results <input type="checkbox"/> \$50 Application Fee (<i>fee non-refundable</i>) (June 1 or Nov. 1) cheques payable to Bermuda College <input type="checkbox"/> Medical Disclosure Form 	<ul style="list-style-type: none"> <input type="checkbox"/> Bermuda Passport with Registered Status Stamp, proof of Bermudian Status or Entry Visa <input type="checkbox"/> Reports of any other educational programmes or courses completed since leaving high school (optional) <input type="checkbox"/> \$50 Application Fee (<i>fee non-refundable</i>) (June 1 or Nov. 1) cheques payable to Bermuda College <input type="checkbox"/> Medical Disclosure Form 	<ul style="list-style-type: none"> <input type="checkbox"/> Completed Application Form <input type="checkbox"/> Academic records officially translated in English <input type="checkbox"/> Official Test of English as a Foreign Language (TOEFL) Score Report (for those whose first language is not English) <input type="checkbox"/> Letter of Recommendation from school official letting us know why he or she thinks you would be a successful student <input type="checkbox"/> \$100 USD Application Fee (<i>fee non-refundable</i>) (June 1 or Nov. 1) cheques payable to Bermuda College <input type="checkbox"/> Immigration Application & Fee (<i>fee non-refundable</i>) payable to Accountant General <input type="checkbox"/> Letter from Immigration/International student Entry Permits will be issued only to persons who are pursuing a full-time course of study at Bermuda College. International students cannot seek employment. <input type="checkbox"/> Medical Disclosure Form