



KINGSTON
 14-20 West Avenue, P.O. Box 121,
 Constant Spring, Kingston 8, Jamaica W.I.
TEL: 876-969-8803 / 969-8211
 876-925-7358 / 619-1244
FAX: 876-925-9129

MANDEVILLE
 5 Brumalia Road,
 Mandeville, Jamaica, W.I.
TEL: 876-961-5698
FAX: 876-625-6301

Accredited by: University Council of Jamaica (UCJ) &
 Caribbean Evangelical Theological Association (CETA)
Member: Association of Caribbean Tertiary Institution (ACTI)
 Joint Committee for Tertiary Education (JCTE)
 Joint Board for Teacher Education (JBTE)

E: info@jts.edu.jm • **W:** www.jts.edu.jm

APPLICATION FOR ADMISSION Graduate Certificate in Cybercrime

**Attach
 A
 Recent
 Photograph**

PERSONAL INFORMATION (PLEASE USE CAPITAL LETTERS)

1. Name in Full: _____ Male Female
2. Mailing Address: _____
 E-mail Address: _____ Telephone: _____ Cell: _____
3. Date of Birth: _____ Place of Birth: _____
4. Country of Citizenship: _____
5. Marital Status: Single Engaged Married Widowed Separated Divorced
6. Next of Kin : _____
 Address (If different from above): _____
7. Children: (number and age of each) _____
8. Occupation: _____
9. Place of Work: _____ Telephone: _____

EDUCATIONAL BACKGROUND

10. List all schools attended (Secondary, Vocational, and Tertiary):

	<u>Institution</u>	<u>Dates Attended</u>	<u>Award/Certification</u>
A)	_____	_____	_____
B)	_____	_____	_____
C)	_____	_____	_____
D)	_____	_____	_____
11. I desire to attend JTS beginning _____ and if admitted, I agree to comply with the standards of the Seminary during my enrollment.

Signature _____ Date _____