MASTER OF ARTS

# SPECIAL EDUCATION

APPLICATION FOR

# GRADUATE ADMISSION

*(Please print or type)*

Complete this application form and attach your written essay. (Guidelines are listed at the back of this form).

1. Arrange to have the official written undergraduate transcript from the college or university where your undergraduate degree was earned sent directly to the Catholic College of Mandeville.
2. Include two letters of recommendation with application.
3. Include a current copy of your Curriculum Vitaé.
4. Include the non-refundable application fee of $25 USD.
5. Please make check payable to Catholic College of Mandeville.
6. Include one passport size photographs with your application.

Send all materials to: Catholic College of Mandeville

**Attn: M.A. Program** Williamsfield P.O. Mandeville, Manchester, Jamaica, West Indies

Phone: 876-962-2801

876-812-6735/876-806-4466

1. Name in full:

*First Middle Last*

1. Other name(s) which you have transcripts:
2. Address:

*Street Parish*

1. Home Phone Number: Cell Phone: Work Phone:
2. Email:
3. TRN:
4. List the undergraduate college or university where degree was earned:

*Name of Institution Location Major Dates Attended Degree*

1. List all colleges or universities attended where graduate coursework was taken in the past ﬁve years:

*Name of Institution Location Credits Earned Dates Attended (list as semester or quarter credits)*

1. Employment Veriﬁcation: List your current teaching position and related information as requested.

*School Parish Dates Position*

Subjects/Grades Taught:

**MASTER OF ARTS IN SPECIAL EDUCATION**

CATHOLIC COLLEGE OF MANDEVILLE ■ WILLIAMSFIELD P.O., MANCHESTER ■ JAMAICA, WEST INDIES 876-962-2801■ 876 - 8 12 - 6 735 / 876 - 80 6 - 44 66 ■

medcoordinator@ c cm. edu.jm

## Personal Statement

A one-two page personal statement which includes:

* + brief description of the applicant’s background, training, and experience; and
	+ statement indicating the career goals of the applicant and his or her reasons for seeking admission to the program; and
	+ description of the areas the applicant considers to be his or her strengths and areas in which the applicant wishes to develop greater strengths and abilities; and
	+ personal information the applicant wishes to share.

## 13. Statement of Nondiscrimination

Catholic College of Mandeville adheres to the principle that all persons have equal opportunity and access to admissions, employment, facilities, and all programs and activities of the college regardless of race, color, creed, religion, national origin, age, gender, sexual orientation, disability, marital status, or familial status. The Programme Coordinator will handle inquiries regarding the university’s nondiscrimination policies.

The coordinator may refer discrimination inquiries or complaints to other offices or individuals as appropriate.

1. I understand that I must submit all materials required for admission to Catholic College of Mandeville prior to admittance. I understand that I am responsible for requesting official transcripts of my records and/or exams from the institutions involved and that Catholic College of Mandeville will accept only those transcripts mailed directly from the Registrar of each institution I have attended.

I understand I must provide a nonrefundable application fee of $25 USD. Make check or money order payable to Catholic College of Mandeville.

## Direct all correspondence and transcripts to:

Catholic College of Mandeville Attn: M.A. Program Williamsfield P.O. Manchester Jamaica, West Indies

Phone: 876-962-2801

Mobile: 876-812-6735

Email: medcoordinator@ccm.edu.jm or reachccm@ccm.edu.jm

## 14. Private Institution Registration

The Catholic College of Mandeville is registered with the Tertiary Education Commission of Jamaica Registration is not an endorsement of the institution. Credits earned at the institution may not transfer to all other institutions.

I hereby certify that the information on this application for admission is accurate and complete. I understand that I must update data on this application if circumstances change the accuracy of the previously provided information.

By submitting this application, I agree to abide by and be subject to the college’s rules, regulations, and disciplinary code.

Signature of Applicant:

Date: