



First-Year Admissions Application

Please complete all sections and use a black ink pen and write in **BLOCK LETTERS**.

Personal information

Please enter your name as it appears on your passport or other official documents.

Legal Name _____ Male Female
Last (Family) First Middle Suffix (Jr., Sr., etc.)

TRN No. (Applicable for students in Jamaica) _____ Previous Last Name(s), if any _____

Date of Birth _____ Passport No. _____
(dd/mm/yyyy) (###-##-####)

Place of Birth _____
City/Town State/Province Country

Email _____ Marital Status _____
(single, married, etc.)

Permanent address

_____ Street Address Apt. #

_____ City/Town State/Province Country Zip/Postal Code

Phone _____ Alternate Phone _____
Begin with Area or Country Code

Please give your current address for all admission correspondence, if different from above.

Current mailing address

_____ Street Address Apt. #

_____ City/Town State/Province Country Zip/Postal Code

Current Mailing Address Phone _____ Current mailing address valid from _____ to _____
Begin with Area or Country Code (dd/mm/yyyy) (dd/mm/yyyy)

Family information

Parent/Guardian #1

Parent Guardian _____
Title Last (Family) First Middle Suffix

Male Female

Living? Yes No (Date Deceased _____)
(mm/yyyy)

If different from yours

Address _____
Street Address Apt. #

City/Town State/Province Country Zip/Postal Code

Phone _____
Begin with Area or Country Code

Email _____

Profession _____

Position _____

Employer _____

College Attended (if any) _____

Degree Earned _____ Year _____

Graduate School Attended (if any) _____

Highest Degree Earned _____ Year _____

Parent/Guardian #2

Parent Guardian _____
Title Last (Family) First Middle Suffix

Male Female

Living? Yes No (Date Deceased _____)
(mm/yyyy)

If different from yours

Address _____
Street Address Apt. #

City/Town State/Province Country Zip/Postal Code

Phone _____
Begin with Area or Country Code

Email _____

Profession _____

Position _____

Employer _____

College Attended (if any) _____

Degree Earned _____ Year _____

Graduate School Attended (if any) _____

Highest Degree Earned _____ Year _____

Your parents are _____
(married, divorced, etc.)

With whom do you reside? Both Parent/Guardian #1 Parent/Guardian #2 Other (Explain) _____

If not English, language spoken in your home _____

If not English, list your first language _____

Academic information

School Name _____

Type of school: Public Private Correspondence Charter Parochial Home-School Other/Education Provider

School Address _____
Number and Street

City/Town

State/Province

Country

Zip/Postal Code

Start Date _____
(mm/yyyy)

Date of Graduation _____
(mm/yyyy)

Counselor's Name _____

Phone _____
Begin with Area or Country Code

Counselor's Email _____

Fax _____
Begin with Area or Country Code

Are you currently enrolled in school? Yes No Will/did you graduate from High School early? Yes No

Did you receive a GED? Yes No If so, list date: _____ (Please send official scores from testing agency)
(mm/yyyy)

If your education has been interrupted, please detail your activities since last enrolled. Please attach your response to the end of the application.

Current high school year's courses

Please list name, level (Honors, AP, IB, etc.) and credit value of your current high school year's courses.

Semester #1/CXC/CSEC/CAPE

Semester #2/CXC/CSEC/CAPE

Semester #3/CXC/CSEC/CAPE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all other high schools, colleges/universities (including summers), and academic programs you attended, beginning with ninth grade. You must submit transcripts from each school.

Other high schools

School Name

Dates Attended

Location

_____	_____	_____
_____	_____	_____
_____	_____	_____

Colleges/Universities

School Name

Dates Attended

Location

Test of English as a

Foreign Language
(TOEFL or other exam)

Test Date

Subject

Score

Test Date

Subject

Score

Academic distinctions

Please list any academic or educational awards and honors you received in high school (e.g. National Merit, National Honor Society). Please attach your response to the end of the application.

Extracurricular and volunteer information (including summer)

Please list any significant extracurricular or community activities and hobbies in which you have participated. Include specific accomplishments such as musical accolades, athletic distinctions, etc. (Please note: "PG" means Post-Graduate high school)

Activity	Grade Level	Specific Accomplishments	Hours/ Week	Weeks/ Year	Will you participate in college?
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

Employment information

List any work experience (including summer jobs) during the past three years.

Employer	Job Description	Dates of Employment	Hours per week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Activity description

Tell us more about one of your extracurricular, volunteer, or employment activities (100-150 words). If you need more space, please attach your response to the end of the application.

Personal statement

Please write an essay (650 words or fewer) that demonstrates your ability to develop and communicate your thoughts. Some ideas include: a person you admire; a life-changing experience; or your viewpoint on a particular current event. Please attach your response to the end of your application.

Additional information

If you have additional information that was not specifically requested on the application or did not fit in the space provided, feel free to include it here. If you need more space, please attach your response to the end of the application.

Program of choice

- | | |
|---|--|
| <input type="checkbox"/> Associate degree in Pre-Medical Sciences | <input type="checkbox"/> USMLE Steps Prep Courses |
| <input type="checkbox"/> Associate degree in Clinical Human Biology | <input type="checkbox"/> Certificate in Psychology |
| <input type="checkbox"/> Associate degree in Practical Nursing | <input type="checkbox"/> Doctor of Medicine (MD) |
| <input type="checkbox"/> Certificate in Geriatric Patient Care | <input type="checkbox"/> Masters in Medical Sciences |
| <input type="checkbox"/> Certificate in Patient Care | <input type="checkbox"/> PhD. in Medical Sciences |

This admission is being sought for which **Semester** and **Year**?

- January (Spring Semester) May (Summer Semester) September (Fall Semester)

Year: _____

Discipline information

Have you ever been placed on probation, suspended, removed, dismissed or expelled from any school or academic program since 9th grade? Yes No

Other than traffic offenses, have you ever been convicted of any misdemeanor, felony, or other crime? Yes No

If you answered yes to either question, please provide an explanation and the approximate dates of each incident. Please attach your response to the end of the application.

Authorization

Your signature below

1. Authorizes all schools you attended to provide all requested records and allow review of your application for the admission process chosen on this application.
2. Confirms all information in this application (including any supplemental information) is factually true and honestly presented and that you are the person submitting this application.

Signature: _____ Date (DD/MM/YY) _____

Print Name: _____

**** Attach a copy of your Passport or National ID and transcripts at the end of this application.**

Please email your completed form to administration@lincolncollege.org

You can deposit the application fee @ First Caribbean International Bank (CIBC)

Account Name: CAREERS ABROAD INSTITUTE LIMITED

Account Number: 1002252342

Jamaican students: \$2,500(JMD)

International students: \$30(USD)