

LINCOLN COLLEGE

SEMESTER REGISTRATION FORM

Please complete in **BLOCK CAPITALS** and use **black ink** pen to fill this form. All fields must be completed.

STUDENT NAME: _____ M F

DATE OF BIRTH (dd/mm/yy): _____ STUDENT ID NO.: _____

TRN: _____ PASSPORT NO.: _____

TEL (Mobile): _____ EMERGENCY CONTACT: _____

CURRENT ADDRESS: _____

Email: _____

ENROLLMENT INFORMATION:

PROGRAM OF STUDY: _____ SEMESTER NO.: _____

*PREVIOUS SEMESTER GPA (if applicable): _____

Note: Student must maintain GPA 3.5 in every semester in order to continue receiving Financial Aid from the Institute.

SESSION: JAN MAY SEPTEMBER YEAR: _____

DECLARATION & SIGNATURE

I understand that LINCOLN COLLEGE reserves the right to accept or deny any applicant. Any applicant providing LINCOLN COLLEGE with any incorrect or misleading information will be denied admission, be dismissed, or any degree nullified at any future time.

I hereby state all information here is true and that I (_____) am/is responsible for paying all my fees, I will conform to all the terms and conditions pertinent to being a student/graduate at LINCOLN COLLEGE.

I declare that the information I have given in this registration form is correct and complete to the best of my knowledge.

Student's full signature: _____ **Date:** _____

FOR OFFICE USE ONLY			
In their previous semester the student had 85% attendance:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
In their previous semester the applicant had completed all required exams and practicum:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
The applicant is in GOOD FINANCIAL STANDING with the Institute. (Tuition and fees are all paid and there is no payment outstanding).	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Late Registration fee applicable (J\$ 2,500)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
The Applicant is eligible for continued Financial Aid	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>