



The University of the Southern Caribbean (formally, Caribbean Union College, CUC) is an independent Christian center operated by the Seventh-day Adventist Church. It is dedicated to high ethical and moral values in keeping with Christian principles. Students applying to USC should understand that enrollment is granted to those who desire to actively the aims and values of the University.

The University's handbook spells out regulations by which the University is operated and governed. A student who chooses the University of the Southern Caribbean (USC) is expected to comply with all regulations. It is therefore imperative for students to study the handbook and sign a pledge of compliance before registering as a student.

1. This application must be completed in block letters, in ink and in the applicant's own handwriting.
2. Return the application hand-delivered or to the Office of Admissions, the University of the Southern Caribbean, (USC)
P. O. Box 175, Port-of-Spain, Trinidad, West Indies, with a non-refundable fee to TT\$60.00.
3. Each applicant must submit four (4) passport sized photographs of themselves.
4. Prospective student who, after receiving acceptance letters, do not plan to attend USC, must inform the Office of Admissions no later than one (1) month before the registration date.
5. Your Physical Examination report must be mailed in or be hand-delivered with your application before your application can be considered.
6. Two (2) recommendations must be mailed directly or hand-delivered in sealed envelopes to the Office of Admissions by the individual recommending the applicant.
7. All documents, except original certificates become the property of the University of the Southern Caribbean.

8. Please read carefully all information and instructions sent to you from the University.
9. If you are from a foreign country, please do not leave your country to attend the University of the Southern Caribbean unless you receive your letter of acceptance.
10. Students applying for admissions must submit two (2) copies of all CXC/GCE certificates, Nursing Council Registration and .
11. BSN prospective students must produce a permit or at least the permit's receipt from the Nursing Council of Trinidad & Tobago with their application.

WHAT TO RETURN TO THE UNIVERSITY

1. A **non-refundable** application fee of \$60.00TT
2. Four (4) passport sized photographs (**frontal view only**)
3. The completed BSc Nursing Application form
4. Two (2) BSc Nursing recommendation forms (**in sealed envelopes**)
5. One (1) notarized copy of your birth certificate
6. One (1) notarized copy of your marriage certificate (**where applicable**)
7. Two (2) notarized copies of **ALL** CXC and/or GCE certificates
8. Two (2) copies of the Nursing Council Permit (**from T&T Nursing Council or other international Nursing Council**)
9. One (1) Police Certificate of Character
10. USC Student Agreement Contract (**signed and dated**)
11. **One (1) Completed USC Application Medical Form**

Please Note: American High School Diploma & Transcript will have to be assessed by the Ministry of Education department of Trinidad & Tobago. **This is solely the responsibility of the student (s).**
Address: Rudranath Capildeo Learning Resource Centre, McBean, Couva, T&T.

Native Language Spoken: _____ Did you take the TOEFL* Exam? Yes No Score _____

Note: Students whose language is not English should take the TOEFL Exam. A score of 550 on the TOEFL. * TOFEL: Taking of English First Language.

Each year you are required to attend:

1st Semester September - December

2nd Semester January - May

Summer Session May – July

Have you attended the University of the Southern Caribbean before?

Yes ID# _____ Date attended _____ Degree received _____
 No

PLEASE READ AND SIGN:

In requesting admission to the University of the Southern Caribbean, I voluntarily agree, if admitted as a student, to uphold the ideals, standards, and regulations set forth by the University of the Southern Caribbean and to respect the principles and traditions it upholds as a Seventh-day Adventist Institution.

Signature: _____ Date: _____

CERTIFICATION:

I _____, certify that the information above is valid and correct.
Name in Block Letters

Please Note: If the information stated above is found to be inaccurate, the University reserves the right to withdraw your application.

Student signature: _____ Date: _____

For Official Use

Status: Regular Provisional Transfer

Date interviewed: _____ Student approved to enter programme starting: _____

Student not admitted to programme: _____

Comments/Special Instructions: _____

POLICE RECORD: Police record submitted? Yes No

Nurse Education Director/Designee signature: _____ Date: _____

Letter of Acceptance Date sent: _____

Letter of Non-acceptance Date sent: _____



University of the Southern Caribbean

School of Sciences & Technology Nurse Education Department RECOMMENDATION FORM

ONLY
September
Intake

Two references MUST be obtained. One by a Religious Advisor and the other by a Teacher/Educator/Former Employer.

Name of Applicant: _____
 Last Name First Name Middle Name Maiden Name

Address: _____

To the person completing this form – The student whose name appears on this form is applying for Admissions to the University of the Southern Caribbean. Your evaluation of the applicant’s fitness for acceptance by this University will be greatly appreciated. **ALL** information given will be treated with strict CONFIDENCE.

PLEASE USE A CHECK MARK () TO INDICATE YOUR OPINION OF THE APPLICANT

CHARACTERISTIC	Outstanding	Above Average	Average	Below Average	No Opportunity to Observe
SPIRITUAL					
Evidence of Christian Conversion
Involvement in religious activities
Moral stability
Spiritual commitment
PHYSICAL					
General health condition
MENTAL					
Ability to do university work
Academic motivation
All round promise as a student
Emotional stability
Industriousness
SOCIAL-CULTURAL					
Ability to get along with others
Courtesy
Genuineness
Honesty
Leadership ability
Dependability
Deporment
Personal appearance
Punctuality
Positive influence

How long have you known the applicant?

Does the applicant, to your knowledge, use tobacco? Alcohol? Illegal Drugs?

Please give any additional information which may be helpful in assessing the individual

Specific Recommendation: Recommended Not Recommended for this University Recommended with reservation

Name: Title or Profession:

Address:

Signature: Date:



University of the Southern Caribbean

School of Sciences & Technology

Nurse Education Department

MEDICAL FORM

ONLY
September
Intake

Note: Students and/or Parents Fill Out This Side. Please TYPE or PRINT in BLACK INK

Name: _____ Gender: Male Female
Last Name First Name Middle Name Maiden Name

Home Address: _____

Date of Birth: [][] [][] [][][][] Marital Status: Single Married Divorced Widowed Separated
Day Month Year

Religion: _____ Nationality: _____ Occupation: _____

In case of EMERGENCY, contact: _____ of _____ Phone #: _____

MEDICAL HISTORY: Check (x) which of the following you have had, and give dates where applicable.

- | | | | | |
|--------------|---------------------|---------------------|----------------------|--------------------------|
| Allergy | Chicken Pox | Heart Disease | Malaria | Rubella |
| Anemia | Diabetes | Hernia/Rupture | Mumps | Sinusitis |
| Anxiety | Epilepsy/Convulsion | High Blood Pressure | Nervous Disorders | Tonsillitis |
| Asthma | Fainting Spells | Jaundice | Rheumatoid Arthritis | Typhoid |
| Back Trouble | Fungi | Measles | Rheumatic Fever | Ulcer (Stomach/Duodenal) |
| Cancer | Hay Fever | Meningitis | Ringworm | |

Do you take prescribed medicine regularly? Yes No If yes, please indicate? _____

MENTAL HEALTH HISTORY: Any Mental Illnesses? If so, please state: _____

Any other illnesses, please state: _____

IMMUNIZATION DATE FOR:

Tetanus Toxioid: _____

Hepatitis B: _____

Tuberculosis: _____

Mumps: _____ Rubella: _____

Meningitis: _____

Have you had any allergic reactions to serum or drugs? _____ If so, please explain: _____

Any physical handicaps? _____

Any Surgery? Major _____ Minor _____

MENSTRUAL HISTORY:

Frequency: _____

Ability to function during menstruation: _____

Measles: _____

Diphtheria: _____

Date of last visit to the dentist: _____

FAMILY HISTORY: Have you or any family member had or is being treated for any of the following?

Cancer _____ Diabetes _____ Nervous Disorders _____ Heart Disease _____ Tuberculosis _____

I/we, the undersigned student and parent/s do hereby authorize any officer or member of the faculty of the University of the Southern Caribbean, as my/our agent/s in the case of sudden illness and/or stroke or injury to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment or hospital service which is deemed necessary and is to be rendered under the general or special supervision of a licensed physician, whether such diagnosis is rendered at the office of said physician, the university or hospital.

Student's Signature: _____ Date: _____ / _____ / _____

Father or Guardian: _____ Witness: _____

NB: ALL Prospective students MUST take care of ALL medical and dental work required by the University of the Southern Caribbean.