

# UNIVERSITY of the SOUTHERN CARIBBEAN

## APPLICATION FOR NURSING ADMISSION



### The Application Form

#### APPLICATION INSTRUCTIONS

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. **(frontal view only)**
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.
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 BS Nursing Application form
4. The completed BS Nursing Medical form
5. Two (2) BS Nursing recommendation forms **(in sealed envelopes)**
6. Police Record **(original)**
7. One (1) notarized copy of your birth certificate
8. One (1) notarized copy of your marriage certificate **(where applicable)**
9. Two (2) notarized copies of **ALL** CXC and/or GCE certificates
10. Two (2) copies of the T&T Nursing Council Permit **(original)** or one (1) copy of the Permit receipt **(if you are in waiting)**
11. USC Student Agreement Contract **(signed and dated)**

**Please Note:** Any High School Examination Certificate / Diploma & Transcript **other than CXC or GCE** must 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,  
Trinidad W.I.

#### Mission:

*To transform ordinary people  
into extraordinary servants of God to humanity.*



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:

1 <sup>st</sup> Semester	September - December
2 <sup>nd</sup> 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

## 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: \_\_\_\_\_

Diphtheria: \_\_\_\_\_

Meningitis: \_\_\_\_\_

Date of last visit to the dentist: \_\_\_\_\_

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: \_\_\_\_\_

### 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: \_\_\_\_\_

Mother or Guardian: \_\_\_\_\_

Witness: \_\_\_\_\_





# 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
<b>SPIRITUAL</b>					
Evidence of Christian Conversion	.....	.....	.....	.....	.....
Involvement in religious activities	.....	.....	.....	.....	.....
Moral stability	.....	.....	.....	.....	.....
Spiritual commitment	.....	.....	.....	.....	.....
<b>PHYSICAL</b>					
General health condition	.....	.....	.....	.....	.....
<b>MENTAL</b>					
Ability to do university work	.....	.....	.....	.....	.....
Academic motivation	.....	.....	.....	.....	.....
All round promise as a student	.....	.....	.....	.....	.....
Emotional stability	.....	.....	.....	.....	.....
Industriousness	.....	.....	.....	.....	.....
<b>SOCIAL-CULTURAL</b>					
Ability to get along with others	.....	.....	.....	.....	.....
Courtesy	.....	.....	.....	.....	.....
Genuineness	.....	.....	.....	.....	.....
Honesty	.....	.....	.....	.....	.....
Leadership ability	.....	.....	.....	.....	.....
Dependability	.....	.....	.....	.....	.....
Deportment	.....	.....	.....	.....	.....
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: .....



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<b>PHYSICAL</b>					
General health condition	.....	.....	.....	.....	.....
<b>MENTAL</b>					
Ability to do university work	.....	.....	.....	.....	.....
Academic motivation	.....	.....	.....	.....	.....
All round promise as a student	.....	.....	.....	.....	.....
Emotional stability	.....	.....	.....	.....	.....
Industriousness	.....	.....	.....	.....	.....
<b>SOCIAL-CULTURAL</b>					
Ability to get along with others	.....	.....	.....	.....	.....
Courtesy	.....	.....	.....	.....	.....
Genuineness	.....	.....	.....	.....	.....
Honesty	.....	.....	.....	.....	.....
Leadership ability	.....	.....	.....	.....	.....
Dependability	.....	.....	.....	.....	.....
Deportment	.....	.....	.....	.....	.....
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: .....

Please read the Housing Policy overleaf. Return this form and payment receipt copy to: University Housing Applications, The Vice President for Student Development, P. O. Box 175, Port of Spain, Trinidad West Indies. Phone: Ext. 210, 211.

DEADLINES AND DESIRED TERM FOR HOUSING :

Please check the appropriate circle.

First Semester/Quarter	Second Semester/Quarter	Third Semester/Quarter - [Summer]
August 20	January 20	May 20

Other Desired Period: Beginning: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ Ending: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

1. \_\_\_\_\_  
 Legal Last Name of Applicant                      First Name                      Signature                      Gender:      Female      Male
2. Other names which may appear on your Documents: \_\_\_\_\_
3. Title:      Mr.      Mrs.      Ms.      Marital Status:      Single      Married      DOB: [dd/mm/yr( \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ )      Age: \_\_\_\_\_
4. Have you previously submitted a University of the Southern Caribbean Housing Application?      Yes      No
5. Please indicate your last term and school year in residence. Semester/Quarter:      1st      2<sup>nd</sup>      3<sup>rd</sup>      School Year \_\_\_\_\_/\_\_\_\_\_
6. Desired Degree :      BA      BS      BBA      AA      AS      Other: \_\_\_\_\_ Major: \_\_\_\_\_
7. Please check the appropriate circle to indicate your academic classification.

Freshman	Sophomore	Junior	Senior	Graduate
New Students 0 - 24 credits	25 - 56 credits Completed	57 - 86 Credits Completed	87 +Credits Completed	Master's Program

8. Permanent Postal Address: \_\_\_\_\_
9. Temporary phone contact : Landline: Area Code[      ] \_\_\_\_\_ Mobile: [      ] \_\_\_\_\_ Until Date: \_\_\_\_\_
10. Permanent Telephone Contact : Landline: Area Code[      ] \_\_\_\_\_ Mobile: [      ] \_\_\_\_\_
11. Email Address: ( 1 ) \_\_\_\_\_ Fax No.: [      ] \_\_\_\_\_
12. Religious Affiliation/Preference:      Baptized SDA      Non-Baptized SDA      Other: Specify \_\_\_\_\_
13. Citizenship:      Trinidad & Tobago      CSME Permit      Other: Please specify Country or Island:- \_\_\_\_\_

Name of Parent/Guardian:		Address:	
Phone: Landline Area Code [      ]		Mobile: Area Code: [      ]	
Prioritize Preference for Housing Assignment:		Cedar Hall	Linda Austin Hall
Meal Plan Option/Costs:		Linda Austin Annex	Ladies Extension
		Other	
		\$4, 845 for 3 meals per day per semester	\$4, 050. 00 for 2 meals per day per semester
FOR OFFICIAL USE			
Approved	Denied	Hold Until: Date: ____/____/____	Please cal Dept. at Ext. _____
Assignment:	Cedar Hall	Linda Austin Hall	Linda Austin Annex
			Ladies Extension Dormitory
			Other: _____
Signature: Residence Hall Dean:		Date:	





## STATEMENT OF ACKNOWLEDGMENT FOR INTERNATIONAL STUDENTS

The Immigration Authority of Trinidad and Tobago now requires all institutions including the University of the Southern Caribbean, to report legal issues relating to student visa status. Institutions are also required to give a semester by semester report of the student's study program, grades earned and related activities, while they study.

Your signature on this document, verifies that you are fully aware of your responsibility as an international student, to adhere to the immigration laws of Trinidad and Tobago. Your signature on this form verifies that you have read all of the information supplied to you by the USC Officer responsible for immigration matters. By signing this form you thereby indicate that you understand the regulations and requirements for foreign students. It is very important that you fully understand these regulations, so that your stay in Trinidad and Tobago will be a very pleasant one, from embarrassing legal issues related to deportation.

You are required to do the following:

1. Register with the Residence Hall Office.
2. Register with the USC Immigration Representative at the Office of Student Development
3. Complete the USC registration process, and register for a minimum of 12 credits.
4. Obtain written authorization from the Vice President for Student Development or his/her designee to register for less than 12 credits.
5. Submit an affidavit of financial support (such as bank statements, a Notarized Affidavit of Support, and /or other documents that clearly demonstrate your ability to finance your studies.
6. Pay the sum of money indicated in your acceptance letter by the deadline indicated
7. Pay for your first semester at least forty-five days before your date of enrollment.
8. You must be aware that the International Student Services office is required by law to report all of the following to the Trinidad and Tobago Immigration Authority.
  - a. Change of major (Changes must be submitted to the admissions office on the (Change of Program [COP] Card.)
  - b. Number of credits completed each semester.
  - c. Termination date and reason if known.
  - d. Change of address, (It is the student's responsibility to update this information regularly at the Student Development Office.
  - e. Grades earned, courses dropped, courses failed, incomplete courses.
  - f. Selected degree program and field of study.
  - g. Failure to register, maintain student status or complete the selected major.
  - h. Disciplinary action against the student due to criminal conviction.
  - i. Withdrawal from the Residence Halls or classes without completing the official Withdrawal Form.

To maintain coincidence of current regulations with university policies, this statement is subject to change without notice. Changes in current regulations are generally published via the Valley Voice newsletter or announced at worship periods in the residence Halls or at the weekly chapel or assembly sessions, and may also be placed on the USC website and departmental bulletin boards. Further information may be obtained From the office of the vice President for Student Development. International students are advised to keep a copy of this form for their own reference.

## REQUIRED SIGNATURES

_____	_____	_____	(mm/dd/yy) _____
Legal Last Name of Applicant	First Name	Signature	Date
_____	_____	_____	_____
Legal Last Name of Witness No. 1	First Name	Signature	Date
_____	_____	_____	_____
Legal Last Name of Witness No. 2	First Name	Signature	Date

Witnesses: [ Parent/s, Guardian/s, Spouse, Immediate Work Supervisor, Individuals who recommended you to USC ]

## CITIZENSHIP AGREEMENT

The University of the Southern Caribbean is pleased that you desire to be a member of our community. USC is a conservative Christian institution with very high standards and we intend to keep it that way. The University is passionate about its mission To Transform Ordinary People into Extraordinary Servants of God to Humanity. Accordingly, it educates its students for generous service to the Church and society in keeping with a faithful witness to Christ and to the worldwide mission of the Seventh-day Adventist Church.

Students are not required to become Seventh-day Adventists, but they are challenged to embrace a lifestyle which supports the harmonious development of the mental, physical and spiritual health of the individual; to heed the invitation to personal and moral integrity and to adhere to the dress, health and moral codes of the institution. The core values are outlined below and students are required to be aware of these values and to make a decision as to whether or not they want to study in such an environment before enrolling at USC. Our standards for conduct are non-negotiable, but we are open to discussion at the appropriate times through the relevant channels.

The core values fundamental to the University have their base in Biblical principles, and require that all students:

1. Maintain personal integrity
2. Maintain a drug, alcohol and tobacco-free lifestyle
3. Refrain from any form of verbal, physical, or sexual harassment or abuse
4. Refrain from sexual immorality
5. Exhibit appropriateness and modesty in deportment, speech and dress, while refraining from using conspicuous make-up such as bright-colored lipstick, rouge, eye shadow, or nail polish and from wearing any form of ornamental jewelry such as rings (except wedding or engagement rings), earrings, nose rings, necklaces, pendants (except medical), bracelets (except medical), anklets, etc. on campus or to any off-campus activity conducted under the auspices of the University.
6. Refrain from the use or possession of firearms, explosive devices or other dangerous weapons
7. Exhibit respect for the property of other students, teachers and staff
8. Protect institutional property

Additional Expectations which support the Mission of the University

9. All single foreign undergraduates are expected to live in one of the residence halls and to adhere to expectations outlined in the Student and Residence Hall Handbooks. (Please refer to these for further information) Students are expected to refrain from entering the living area of a student of the opposite sex.
10. Please expect to be served only vegetarian food in the cafeteria and snack shops
11. All full-time [minimum of 12 credits] students are expected to meet together at the web-scheduled date and time for Chapel, Assembly, and other published University gatherings, where faith, values and ethics are nurtured.

Full legal name of Applicant: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Name of Witness: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_