

UNIVERSITY of the SOUTHERN CARIBBEAN

APPLICATION FOR GRADUATE ADMISSIONS



The Application Form

Admission to University of the Southern Caribbean is available to any student who meets the academic and character requirements of the University and who expresses willingness to cooperate with its policies. The University of the Southern Caribbean is operated by the Seventh-day Adventist Church, as such, a large percentage of its students are Seventh-day Adventists. However, the university provides equal opportunity for qualified students.

Please read the instructions regarding the forms contained in your application package. Note the specific requirements for your desired degree/programs and contact <GRADRECORDS@USC.EDU.TT> for further information. The University of the Southern Caribbean is registered with the Accreditation Council of Trinidad and Tobago. The Accreditation Council of Trinidad and Tobago was established in 2005

Application and Application Fee (Non-refundable)

Applications must be completed entirely, printed in ink or typed, and signed before the admissions process can begin. The application form is enclosed. A \$50 (US) application fee is required and should be submitted at the time of application. We accept cash, credit cards, or checks. Make checks payable to University of the Southern Caribbean.

Statement of Purpose and Professional History/Resume

This form allows the Admissions Committee to understand your goals and objectives, and determine where your experience lies. Please follow the instructions carefully on both sides of the enclosed form.

Recommendation Forms

Two recommendation forms are required for graduate/post graduate level applicants. These forms are to be completed on your behalf by individuals who know your academic qualifications and work skills/abilities well. Individuals must have known you for a minimum of three years. Possible referees are

teachers, employers, chaplains/pastors or other civil leaders. Recommendations must not be given by relatives. Recommendations should be sent in by the referee to University of the Southern Caribbean, Graduate Admissions. Ensure that your name is on each form.

Official Transcripts

Official transcripts are required from the registrar of each college/university you have attended. Ensure you ask about transcript issue costs and follow-up your transcript procedures and requests until you are sure that the transcripts were mailed to USC.

*If English is not your first language or you are not a four-year graduate of a high school or an accredited college/university in a country where English is the spoken language or medium of instruction, you are required to take the TOEFL or the MELAB. Please contact the University Graduate Admissions office for further information.

**Mail to: Graduate Records
University of the Southern Caribbean
P.O. Box 175 Port of Spain, Trinidad W.I.**

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

UNIVERSITY of the SOUTHERN CARIBBEAN

Application for Graduate Admission

CONTACT INFORMATION:

CALL US: 1 (868) 662-2241/2 Ext. 2215
WRITE US: University of the Southern Caribbean, Graduate Records Department,
P.O. Box 175, Port of Spain, Trinidad, West Indies
VISIT US: Maracas Royal Road, Maracas St. Joseph, Trinidad - Use the first entrance on the left after the
Maracas SDA Elementary School
FAX US: 662-1197 - Attention Graduate Records Office
EMAIL US: <GRADRECORDS@USC.EDU.TT>

DOCUMENTATION REQUIRED FOR CONSIDERATION OF YOUR APPLICATION:

<input type="radio"/>	Completed application form, signed, typed or printed in ink
<input type="radio"/>	2 passport size photos
<input type="radio"/>	Non-refundable \$50.00 US application fee [cash, credit card, certified check made payable to the University of the Southern Caribbean. Cashier's Hours – Mondays – Thursdays – 8:30 a.m. – 5:00 p.m. Fridays – 8:30 – 11:00 a.m. Bank Account Numbers are on the website< www.usc.edu.tt >
<input type="radio"/>	Completed form Statement of Purpose form
<input type="radio"/>	Two recommendations on the enclosed recommendation forms A and B in sealed envelopes
<input type="radio"/>	Copy of undergraduate Degree
<input type="radio"/>	Medical
<input type="radio"/>	One official transcripts from each institution previously attended, mailed directly to USC from the issuing institution [accompanied by official English translations if not issued in English]
<input type="radio"/>	Official MELAB and TOEFL results if English is your second language. Refer to enclosed information
<input type="radio"/>	Completed enclosed immigration forms for non-Trinidad and Tobago Citizens



EDUCATIONAL HISTORY

1) **HAVE YOU EVER ATTENDED CARIBBEAN UNION COLLEGE /UNIVERSITY OF THE SOUTHERN CARIBBEAN OR ONE OF OUR COLLEGE/UNIVERSITY AFFILIATES?**

NO YES ID# _____ DATES ATTENDED: *FROM* ____/____/____ *TO* ____/____/____

DEGREE/DIPLOMA RECEIVED _____

2) **OTHER COLLEGES AND UNIVERSITIES ATTENDED: (Use an additional sheet if necessary)**

Institution	Attendance Dates	Degree/Diploma	Date Received
	____/____ YY YY		
	____/____ YY YY		
	____/____ YY YY		
	____/____ YY YY		
	____/____ YY YY		

DISABILITY SERVICES: Qualified students with disabilities are encouraged to inform the University of their Disability and enter into a dialogue with the Vice President for Student Development, regarding ways in which the university might reasonably accommodate them. The university can only respond to what it knows. It is the student’s responsibility to provide necessary documentation of disabilities from a qualified, licensed professional before accommodation can be considered. For more information, contact Student Services at 662-2241/2 Ext. 211 or 212.

BY PLACING YOUR SIGNATURE BELOW YOU THEREBY VERIFY THAT YOU HAVE READ AND UNDERSTOOD THE FOLLOWING STATEMENT.

The information I have provided is complete and accurate, and I understand that any omission of information could significantly delay my acceptance. I further understand that any falsification of admission documents is reason for immediate cancellation of my application and/or denial to University of the Southern Caribbean.

SIGNATURE

DATE

PRINT FULL LEGAL NAME.....

UNIVERSITY of the SOUTHERN CARIBBEAN

Graduate Admission

Summary of Your Educational Experience by Year

Name: _____

1 Calendar Year 19__ to 19__	2 Your Age	3 Year in School	4 Form, Grade, or Standard	5 Kind of School	6 Full Name of School	7 School Address (City & Country)	8 Language of Instruction	9 Certificates, Diplomas, Degrees
		1						
		2						
		3						
		4						
		5						
		6						
		7						
		8						
		9						
		10						
		11						
		12						
		13						
		14						
		15						
		16						
		17						
		18						

Instructions:

Column 1 – On each line write the appropriate years for every school year you attended.

Column 2 – Write your age. If you were 6 years old when you attended school for the first time, write 6 on the first line. Continue by writing your correct age for each form or grade you attended.

Column 3 – These are the actual years you attended school. Your first year is number 1, your second year is number 2, etc. You must account for every year. If you were out of school for a length of time, this must be noted. Allow one line for each year.

Column 4 – For each year of school, enter the form, grade, standard (or what every may be the name of the class or level you attended). Use the terminology of the country where the school was located. Do not interpret or translate into American terms.

Column 5 – Write the kind of school you attended such as Kindergarten, Elementary, Gymnasium, Trade School, High School, Secondary School, Teacher’s College, University etc. Use the terminology of the country where the school was located. Do not interpret or translate into American terms.

Column 6 – Enter the name of the school attended. You may use more than one line for this if needed.

Column 7 – Write the name of the city, town or village and the country where each school you attended is located.

Column 8 – Write the language used in class by your instructors.

Column 9 – Write the name of any examination(s) you passed, or certificate(s) you obtained, or degree/diploma you were awarded at the end of that school year. For example, if you completed secondary school at the end of your twelfth year in school, on that line write GCE (and also indicate the number of “O or “A” levels you passed, Baccalaureate, High School Diploma etc.

RECOMMENDATION FORM "A"

NAME _____ DESIRE DEGREE: _____

TO THE APPLICANT: Please provide the information requested above, and take or mail this evaluation form to a person who knows you well. One recommendation should be filled by a college/university teacher in your proposed area of specialization, and another by a work/field practicum supervisor or a minister of religion. Urge them to return these forms to us immediately, since your application will not be processed until our office receives these evaluations.

I waive my rights to examine this evaluation. I do not waive my rights to examine this evaluation.

SIGNATURE DATE

TO THE EVALUATOR: The above-named applicant is applying for graduate school and considers you to be in a position to evaluate his/her ability to successfully pursue a graduate program. Please return this form today to expedite the evaluation of this candidate's application. We thank you for a confidential assessment.

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ IN WHAT CAPACITY? _____

Please rate the applicant on each characteristic as compared to other students at the same level by checking the appropriate circle.

QUALIFICATIONS	SUPERIOR	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	UNKNOWN
Motivation for graduate work	○	○	○	○	○	○
Intellectual ability for graduate work	○	○	○	○	○	○
Breadth of general knowledge	○	○	○	○	○	○
Understanding of major field	○	○	○	○	○	○
Ability to analyze ideas	○	○	○	○	○	○
Ethical standards and Integrity	○	○	○	○	○	○
Interpersonal Relations	○	○	○	○	○	○
Professionalism	○	○	○	○	○	○
Organizational Ability	○	○	○	○	○	○
Leadership Ability	○	○	○	○	○	○
Dependability	○	○	○	○	○	○
Emotional Stability	○	○	○	○	○	○
Promise in research/scholarship endeavor	○	○	○	○	○	○
Potential for Service in Chosen Field	○	○	○	○	○	○

Overall, how do you rate this applicant as a candidate for a graduate program at University of the Southern Caribbean?

HIGHLY RECOMMENDED RECOMMENDED RECOMMENDED WITH RESERVATION NOT RECOMMENDED

For applicants whose first language is not English, please provide your evaluation of the applicant's proficiency in the use of English: On a separate sheet of paper: Please provide your candid assessment of the applicant's strengths weaknesses. In your opinion, does the applicant possess the intellectual and personal qualifications necessary for success in graduate work? What do you think is the applicant's potential for a successful career in his/her desired field? How might we help this applicant become successful?

Recommender's Full Legal Name:	Signature:
Recommender's Employer/Institution:	
Position/s Held:	Date:
Mailing Address:	

RECOMMENDATION FORM "B"

NAME _____ DESIRE DEGREE: _____

TO THE APPLICANT: Please provide the information requested above, and take or mail this evaluation form to a person who knows you well. One recommendation should be filled by a college/university teacher in your proposed area of specialization, and another by a work/field practicum supervisor or a minister of religion. Urge them to return these forms to us immediately, since your application will not be processed until our office receives these evaluations.

I waive my rights to examine this evaluation. I do not waive my rights to examine this evaluation.

SIGNATURE DATE

TO THE EVALUATOR: The above-named applicant is applying for graduate school and considers you to be in a position to evaluate his/her ability to successfully pursue a graduate program. Please return this form today to expedite the evaluation of this candidate's application. We thank you for a confidential assessment.

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ IN WHAT CAPACITY? _____

Please rate the applicant on each characteristic as compared to other students at the same level by checking the appropriate circle.

QUALIFICATIONS	SUPERIOR	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	UNKNOWN
Motivation for graduate work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual ability for graduate work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breadth of general knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding of major field	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to analyze ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethical standards and Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizational Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promise in research/scholarship endeavor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potential for Service in Chosen Field	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall, how do you rate this applicant as a candidate for a graduate program at University of the Southern Caribbean?

HIGHLY RECOMMENDED RECOMMENDED RECOMMENDED WITH RESERVATION NOT RECOMMENDED

For applicants whose first language is not English, please provide your evaluation of the applicant's proficiency in the use of English: On a separate sheet of paper: Please provide your candid assessment of the applicant's strengths weaknesses. In your opinion, does the applicant possess the intellectual and personal qualifications necessary for success in graduate work? What do you think is the applicant's potential for a successful career in his/her desired field? How might we help this applicant become successful?

Recommender's Full Legal Name:	Signature:
Recommender's Employer:	
Position/s Held:	Date:
Mailing Address:	

TRANSCRIPT REQUEST FORM

I am making an application to attend University of the Southern Caribbean. Please forward an official copy of my transcript to the address listed below showing all my class work taken at your institution. Include the grades and credits for each class. I have included the appropriate transcript fee. If for any reason you cannot comply with this request, please inform me and the Graduate Admissions Office of University of the Southern Caribbean at the address listed below. **NOTE: Please send the transcript in both the original language of your country and a literal translation into English if English is not the official language of your country.**

**GRADUATE ADMISSIONS OFFICE
UNIVERSITY OF THE SOUTHERN CARIBBEAN
P.O. BOX 175
PORT-OF-SPAIN
TRINIDAD, W.I.**

- Please issue my transcript after all grades and diploma clearance have been submitted for my first degree.
- Please issue my transcript with the current grades you have for me.

THE ID NUMBER WHICH I USED AT YOUR INSTITUTION IS WRITTEN BELOW:

BIRTHDATE - - (MM - DD -YY)

NAME (Please print as appears on record): _____

PERMANENT ADDRESS _____

Street

City

State/Province

Postal Code

Country

MY EMAIL ADDRESS IS: _____ **MY FAX NO. IS:** _____

MY TELEPHONE CONTACT NUMBERS ARE: Landline: _____

Mobile: _____ Work: _____

SIGNATURE

DATE

.....
FULL LEGAL NAME (Please print)

MEDICAL FORM

TO THE APPLICANT: PLEASE TYPE OR PRINT IN INK

IDENTIFICATION

Name: _____

Sex: Male Female Date of Birth: ____/____/____ Marital Status: Single Married Divorced
MM/DD/YY

Religion: _____ Tel.# (Home) _____ (Cell) _____

Address: _____

EMERGENCY NOTIFICATION

Name: _____ Relationship: _____

Address: _____

Tel. #: (Home) _____ (Work) _____ (Cell) _____

YOUR GENERAL PRACTITIONER MUST COMPLETE THIS SECTION. THE FORM MUST ALSO BE SIGNED AND STAMPED BY THE GENERAL PRACTITIONER.

Ht _____	Wt _____	BP ____/____	Vision O.D. ____/20	Corrected	O.S. ____/20	Corrected
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Examination

	Norm	Abn	Details
Abdomen			
Back/Spine			
Blood Pressure			
Breast			
Feet			
Genito Urinary			
Hearing			
Heart			
HEENT			
Hernias			
Lower Extremities			
Lungs			
Mouth			
Neck			
Neurological			
Nose			
Pulse			
Reflexes			
Respiration			
Sinuses			
Skin			
Teeth			
Temperature			
Thyroid			
Tonsils			
Upper Extremities			

Laboratory Findings (Current)

Hemoglobin: _____

Urinalysis: _____

UDRL – Results _____ Date _____

Chest X-Ray Results _____ Date _____

Skin Test for TB only when X-Ray results indicate such _____

IMMUNIZATION RECORD

Students must be immunized and have recorded proof of the following:

Immunization	Yes	No	1 st Date	2 nd Date	3 rd Date
Hepatitis B					
Yellow Fever					

	Yes	No	Date	
Chicken Pox (Varicella)				Positive Varicella Titer
MMR (MR) (Adult Booster)				Positive Rubella Titer
History of Measles				Results

1. Do you consider this student physically and emotionally capable of doing university work? Yes No

2. Is a normal class load advised? Yes No If no give reason/s _____

3. Is any medical care to be continued while the student is attending school? Yes No

4. Is there any reason why this person should not undertake normal manual labor? Yes No

If no give reason _____

Date of Examination _____ Name of Physician (Print) _____

Signature of Physician _____ Address: _____