

PROFESSIONAL DEVELOPMENT ADMISSION APPLICATION

Continuing Education and Lifelong Learning

Oakes Field Campus
Cottage #8, Moss Road
P.O. Box N-4912, Nassau, N.P., The Bahamas
TELEPHONE: (242) 325-5714/328-0093/328-1936
Website: <http://www.ub.edu.bs>

Northern Bahamas Campus
Grand Bahama Highway
P. O. Box F-42766, East Grand Bahama, The Bahamas
TELEPHONE: (242) 688-5906/5909

Professional Development Programmes/Courses

Certification Programmes

- Designed for persons seeking validation of professional competency in their respective fields.
- Offered in the fall (August) and spring (January) semesters.
- Run from 6 – 9 months.

Licensure Programmes

- Provide training for plumbing and electrical contracting.

Short Certificate Courses

- Non-credit courses designed for entry level career positions.
- Offered during the fall (August) and spring (January) semesters for 8 - 12 weeks.
- Successful completion allows participants to improve existing skills or discover new areas of interest.

GENERAL INSTRUCTIONS

1. Complete Professional Development Admission Application.
2. Attach the following to the completed application:
 - a. Copy of the relevant pages of a valid passport (showing passport number, photo identification and expiration date)
OR copy of Certificate of Identity;
 - b. Official copy of college/university transcript in the original stamped and sealed envelope from the forwarding institution (degree holders) **OR** copy of high school diploma and verification of work experience (non-degree holders);
 - c. Copies of relevant certificates/licensures (Certification and Licensure applicants only);
 - d. Letters of recommendation, job description, etc. (Certification and Licensure applicants only);
 - e. Copy of affidavit or marriage certificate where the name on the passport/Certificate of Identity differs from the name on academic certificates or other records;
 - f. Copy of Immigration documents (if not a Bahamian citizen).
3. Pay a non-refundable processing fee of \$40.00 in the form of cash, bank certified cheque, debit card, credit card (Visa, MasterCard or Suncard) at the Business Office from 9:00 a.m. – 4:00 p.m., weekdays.
4. Submit completed application along with supporting documents and proof of payment of non-refundable application fee to Continuing Education and Lifelong Learning, 9:00 a.m. – 5:00 p.m., weekdays.

**To be processed for admission, applicants must submit ALL relevant documents.
Incomplete applications will NOT be processed.
Failure to submit all relevant supporting documents could result in the need to reapply.**

SECTION 1: PERSONAL INFORMATION *(please type or print in black/blue ink)*

Last Name: _____ First Name: _____ Middle Name: _____

Gender: Female Male Marital Status: Single Married Divorced Other

Date of Birth: ____/____/____ Place of Birth: _____ Citizenship: _____

Street/Settlement: _____ City/Island: _____

P.O. Box/Zip Code _____ Country: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name of Employer/Company: _____

Address of Employer/Company: _____

Department: _____ Occupation: _____

Special Needs/Requirements: _____

Person to Contact in an Emergency (1): _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Person to Contact in an Emergency (2): _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

SECTION 2: CLASSIFICATION INFORMATION

I am a former UB(COB) student: Yes No If yes, last semester/year attended: _____

I wish to register for (1st choice): _____ (2nd choice): _____

I would like to begin studies in: Fall Spring Summer Year: _____

My preferred campus is: Oakes Field Northern Bahamas Abaco Andros Exuma

SECTION 3: EDUCATIONAL BACKGROUND *(Not Required for Seminars/Workshops/Conferences/ILCI)*

Name of College/University/ Professional Institute	State/Country	Attendance		Qualifications Received	Year Awarded
		From	To		

Name of High School	State/Country	Attendance		Qualifications Received	Year Awarded
		From	To		

SECTION 4: PROGRAMME/COURSE PROMOTIONAL INFORMATION

How did you learn about this programme/course? Check all that apply:

- Newspaper Radio Television Social Media Employer
- Co-worker Former Participant Presentation at Seminar, Civic Club, etc.
- Other (specify) _____

SECTION 5: APPLICATION CHECKLIST

I hereby confirm that the following are attached to this application form:

- Copy of relevant pages of valid passport showing passport number, photo identification and expiration date **OR** Certificate of Identity.
- Official copy of college/university transcript in original stamped and sealed envelope (degree holders) **OR** copy of high school diploma and verification of work experience (non-degree holders).
- Copies of relevant certificates/licensures (Certification & Licensure applicants only).
- Letters of recommendation, job description, etc. (Certification & Licensure applicants only).
- Copy of affidavit or marriage certificate where name on passport/Certificate of Identity differs from the name on academic certificates or other records.
- Copy of immigration documents (if not a Bahamian citizen).
- Proof of payment of non-refundable processing fee.

SECTION 6: DECLARATION OF APPLICANT

I hereby affirm that the information given on this application is complete and correct. I acknowledge that **any omission or falsification will result in denial of admission or dismissal from the University of The Bahamas**. I understand that all documents filed in support of this application become the property of the University of The Bahamas and will not be copied or returned to me and that the fee submitted with this application is non-refundable. If admitted, I pledge to comply with all requirements and regulations set forth by the University of The Bahamas.

Applicant's signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Approved Programme/Course: _____

Certification Level: Professional Associate Not Applicable

Programme/Course Will Begin: Fall Spring Summer Year: _____