



**APPLICATION FOR REGISTRATION FOR
PERSONAL AND PROFESSIONAL DEVELOPMENT COURSES/PROGRAMMES**

Persons who wish to register for a personal or professional development course/programme must submit a completed *Application for Registration for Personal and Professional Development Courses/Programmes* to the Office of Continuing Education and Lifelong Learning during regular business hours. Applications should be completed and approved **prior to** registering for the course/programme.

SECTION 1: PERSONAL DATA

Name of Applicant: _____
Please print: LAST FIRST MIDDLE

Type of Government-Issued ID and Number: _____

Continuing Education Number (if applicable): _____ Gender: [] Male [] Female

Date of Birth: _____ Place of Birth: _____ Citizenship: _____
Day / Month / Year

Street/Settlement _____ P.O. Box/Zip Code _____

City/Island/State: _____ Country: _____

Telephone: _____ (Home) _____ (Cell) _____ (Work)

Email Address: _____

Contact in Case of Emergency: _____ Cell Phone: _____

Have you ever taken a course at College of The Bahamas or University of The Bahamas? YES NO

If answer to the above is yes, name under which you were registered: _____

SECTION 2: REGISTRATION INFORMATION

COURSE 1 (Course Abbr./No.; Title): _____

COURSE 2 (Course Abbr./No.; Title): _____

COURSE 3 (Course Abbr./No.; Title): _____

PROGRAMME (If Applicable): _____

PRE-APPROVAL (IF APPLICABLE) [] YES [] NO

Signature of Unit Head/Programme Director

Date

SECTION 3: SUPPORTING DOCUMENT CHECKLIST

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

- Copy of Government-issued photo ID.
- Copies of relevant certificates/licensures or verification of work experience if registering for a certification or licensure course/programme.
- Letters of recommendation, job description, etc. if registering for a certification or licensure course/programme.
- Proof of payment of non-refundable application fee.
- Payment for course/programme (if pre-approved).

SECTION 4: DECLARATION OF APPLICANT

I hereby affirm that the information on this application is complete. I acknowledge that any omission or falsification will result in denial of admission or dismissal from University of The Bahamas. I understand that all documents filed in support of this application become the property of 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 University of The Bahamas.

Applicant's signature: _____ Date: _____

FOR OFFICIAL USE ONLY

[] **Approved** [] **Denied**

Rationale:

Name/Signature, Unit Head/Programme Director for Course/Programme _____
Date

Date Processed: _____ Date Recorded: _____

Signature: Director/Assistant Director of Records: _____

Cost of Course....._____

Cost of Programme....._____

Processing Fee (if applicable)....._____

TOTAL COST....._____