


CARIBBEAN MARITIME INSTITUTE

	STUDENT SERVICES FORMS	Document No: CMI/SS/FORM/003	Page 2 of 3
	TITLE: Boarding Application	Revision No.: 00	Revision Date: 1 st January, 2014

Which programme did you apply to or was accepted in at CMI?

Programme	Year
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Do you have any specific medical problem? Yes No
 If yes, please specify:

Person to contact in case of an emergency:

Name: _____ Relationship: _____

Address: _____

Tele: _____

Have you previously been a Resident Student of CMI: Yes No

If yes, please specify year(s) and dorm: _____

Religious/Denominational

Allegiance: _____

Please indicate which dormitory you are applying for by placing an 'X' in the appropriate box.

Admiralty House (male only) Copacabana

1st Semester 2nd Semester 3rd Semester

SECTION B: To be completed by all applicants except Returning Resident Students:

Please list extra-curricular activities you have been involved in at high school, community college, university and in your community over the last two years.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Please list your special skills, experiences and abilities:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

In the space below, write a short paragraph outlining your reasons for needing boarding.


SECTION C: To be completed by Returning Resident Students ONLY.

Dorm: _____ Years/Semester on Dorm _____

List your involvement at CMI outside of academics:

In the space below, write a short paragraph outlining why you should be readmitted to the Dorm.

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I hereby certify that the information given above is **true** and **declare that I will comply** with the rules and regulations listed in both the general **Student and Resident Student Handbooks**.

Signature: _____

Date: _____

Applicant

FOR OFFICE USE ONLY

Reference Letter Obtained: Yes No

Name of Referee: _____

Remarks:	Applicant Accepted		Applicant Not Accepted	
Registrar:	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Signature: _____			Date: _____	
Student Services Manager:	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Signature: _____			Date: _____	