

# **CARIBBEAN MARITIME INSTITUTE**

	<b>ADMISSIONS AND EXAMINATIONS FORMS</b>	Document No: CMI/ADM/FORM/023	Page 1 of 1
	TITLE: APPLICATION FOR RE-ADMISSION	Revision No.: 00	Revision Date: 1 <sup>st</sup> January, 2014

Read the instructions carefully before completing this form

Term for which you are reapplying     January \_\_\_\_\_         September \_\_\_\_\_         Other \_\_\_\_\_

<b>ID No.</b>	<b>D.O.B.</b>	dd	mm	yy	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	
Name:		Last	First		Middle	
Former Name:		Last	First		Middle	
Email Address			Phone Nos.			

Mailing Address:



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permanent Address  
if different from  
above



\_\_\_\_\_

\_\_\_\_\_

First Enrolled at CMI      September \_\_\_\_\_      |      January \_\_\_\_\_      |      Summer \_\_\_\_\_  
(Year)                                  (Year)                                  (Year)

Last Enrolled at CMI      \_\_\_\_\_  
(write date of withdrawal/dismissal)

Course enrolled in      \_\_\_\_\_

Course to which you are reapplying      \_\_\_\_\_

Attendance at other Institutions:      **I DID /DID NOT** ATTEND ANOTHER INSTITUTION DURING MY ABSENCE (circle as appropriate)

Institution: \_\_\_\_\_      Date of completion: \_\_\_\_\_

Programme Pursued : \_\_\_\_\_      Outcome: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_      Date: \_\_\_\_\_

<b>FOR OFFICIAL USE ONLY</b>	
<b>Date Received:</b>	

**Approval (required for all students)**

Registrar's signature or designee: \_\_\_\_\_      Date: \_\_\_\_\_