


CARIBBEAN MARITIME INSTITUTE

	QUALITY MANAGEMENT SYSTEM PROCEDURES	Document No: CMI/ADM/FORM/001	Page 2 of 2
	TITLE: CMI APPLICATION FORM	Revision No.: 00	Revision Date: 1 st July '08

SECTION 2 Education cont'd

RESULTS KNOWN					RESULTS AWAITED			
SUBJECT	EXAM. BODY	LEVEL (Gen; Basic; etc.)	YEAR	RESULT	SUBJECT	EXAM. BODY	LEVEL (Gen; Basic; etc.)	YEAR

SECTION 3 General and Other Information

REASON FOR APPLICATION *(Write a short paragraph)*

NAMES, ADDRESSES AND TELEPHONE NO. OF TWO (2) REFERENCES

1. _____ _____ _____	2. _____ _____ _____
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EXTRA CURRICULAR ACTIVITIES

PRACTICAL EXPERIENCE/EMPLOYMENT HISTORY

YEAR (START – END)	Name and Address of Employer	Position held/ Experience gained

I declare that the information on this application is correct and complete. I acknowledge CMI's right to cancel this application if the information contained in it has been misrepresented.

Applicant signature: _____ Date: _____