



Admissions Application

FOR OFFICIAL USE ONLY

Application Fee (non-refundable):

\$50.00 – Upgrading Programs

[] General High School Equivalency Diploma [] College Preparatory Program

\$50.00 - Associate

\$75.00 - Bachelor's

Documents Required:

- Passport-size photograph to be attached
- Official Transcript from the last school attended (high school, college, university)
- Copy of your current passport
- Copy of your National Insurance Card
- Original Police Certificate Valid for 3 months
- High School Diploma
- Bahamas Junior Certificate (BJC)
- Bahamas General Certificate of Secondary Education (BGCSE)
- SAT/ACT Scores
- College Degree (if graduate with an Associate/Bachelor's Degree)
- Personal Statement of Purpose

FOR INTERNATIONAL STUDENTS

- Proof of immigration status permit to reside (must be current)

ADMISSION STATUS:

- General High School Equivalency Diploma (GSLED)
- College Preparatory Program (CPREP)
- Terreve Advanced Placement Program (TAPP)
- Associate _____
- Bachelor _____
- Teaching Diploma/Certification [] Primary [] Secondary
- [] Diploma _____ [] Certificate _____

Letter of admittance Submitted/Sent to the applicant

Applicant denied Reason _____

Application reviewed by _____ Signature _____ Date _____

President/Academic Dean





Admissions Application

Please
Attach
Photograph

Personal Information

Please enter your name as it appears on your passport or other official documents.

Last _____ First _____ Middle _____ Maiden Name _____ Suffix (Jr., Sr., etc.) _____

Legal Sex: Male Female Social Security Number/ NIB _____ (m/d/y)

Date of Birth _____

Email _____ Marital Status Married Single Divorced Separated Widowed

Permanent Address

Street Address _____ Apt. # _____

City/Settlement _____ Island/State _____ Country _____ Zip/Postal Code _____

Home Phone _____ Work Phone _____ Cell Phone _____ Alternate Phone _____

Please give your current address for all admission correspondence, if different from above.

Current Mailing Address Same As Above

Street Address _____ Apt. # _____

City/Town _____ Island/State _____ Country _____ Zip/Postal Code _____

Current Mailing Address Phone _____ Current mailing address valid from _____ to _____

Begin with Area or Country Code _____ (mm/dd/yyyy) (mm/dd/yyyy)

Citizenship

Place of Birth _____

Country of Birth Non-Bahamian Bahamian Country of Citizenship _____

Type visa; (if non-resident student) _____ Visa Type: _____

If you live in the Bahamas, but are not a citizen, how many years have you lived in the country? _____

Enrolment Information

How did you find out about Terreve College?

College Fair Media Parent Guidance Counsellor High School Social Media Visit Website

Other (specify) _____ I plan to enroll _____ Date M/Y _____ Enrolment Status: Full-Time Part-Time

Grand Bahama Other

Admission Status: Freshman Transfer Student

Family Information

Parent/Guardian #1

Parent Guardian

Last (Family)

First

Middle

Suffix

Male Female

Living? Yes No (Date Deceased _____)

(mm/yyyy)

If different from yours

Address _____

Street Address

Apt. #

City/Town

Island/State

Country

Zip / Postal Code

Phone _____
Begin with Area or Country Code

Email _____

Profession _____

Position _____

Employer _____

College Attended (if any) _____

Degree Earned _____

Year _____

Parent/Guardian #2

Parent Guardian

Last (Family)

First

Middle

Suffix

Male Female

Living? Yes No (Date Deceased _____)

(mm/yyyy)

If different from yours

Address _____

Street Address

Apt. #

City/Town

Island/State

Country

Zip/ PostalCode

Phone _____
Begin with Area or Country Code

Email _____

Profession _____

Position _____

Employer _____

College Attended (if any) _____

Degree Earned _____

Year _____

Name of Emergency Contact _____

Relationship _____

Home Phone

Work Phone

Cell Phone

Fax Number

Academic Information

Name of High school/College Attended _____

Type of school: Public Private Other

School Address _____
Number/Street Name

City/Town _____ Island/State _____ Country _____ Zip/Postal Code _____

Date Entered _____
(mm/yyyy)

Date Graduated/
Expected Graduation
Date _____
(mm/yyyy)

Counselor's Name _____

Phone _____
Begin with Area or Country Code

Counselor's Email _____

Fax _____
Begin with Area or Country Code

List all other high schools, if a recent high school graduate, beginning with Tenth grade.
List all other colleges/universities and academic programs you attended.

Name of high school/college	Dates of Attendance (m/y)		Certificate/Degree Obtained
	From:	To:	
_____	_____	_____	_____
_____	From: _____	To: _____	_____
_____	From: _____	To: _____	_____

Did you receive a GED? Yes No If so, date: _____ (Please send official scores from testing agency)
(mm/yyyy)

BJC Test Scores (copies of all tests must be provided)

Please list exams taken along with the test date and score.

Test Date	Subject	Score
_____	_____	_____
_____	_____	_____
_____	_____	_____

Test Date	Subject	Score
_____	_____	_____
_____	_____	_____
_____	_____	_____

BGCSE Test Scores (copies of all tests must be provided)

Please list any exams taken along with the test date and score.

Test Date	Subject	Score
_____	_____	_____
_____	_____	_____
_____	_____	_____

Test Date	Subject	Score
_____	_____	_____
_____	_____	_____
_____	_____	_____

Standardized Test Information

List your test scores below. You must submit official scores.

SAT Reasoning

Test Date	Verbal/ Critical Reading	Math	Writing
_____	_____	_____	_____

Test Date	Verbal/ Critical Reading	Math	Writing
_____	_____	_____	_____

Test Date	Verbal/ Critical Reading	Math	Writing
_____	_____	_____	_____

SAT Subject

Test Date	Subject	Score
_____	_____	_____

Test Date	Subject	Score
_____	_____	_____

Test Date	Subject	Score
_____	_____	_____

Test Date	Subject	Score
_____	_____	_____

ACT

Test Date	English	Math	Reading	Science	Composite
_____	_____	_____	_____	_____	_____

Test Date	English	Math	Reading	Science	Composite
_____	_____	_____	_____	_____	_____

Extracurricular and Volunteer Information (including summer)

Please list any significant extracurricular or community activities and hobbies in which you have participated. Include specific accomplishments such as musical accolades, athletic distinctions, etc. (Please note: "PG" means Post Graduate)

Activity	Grade Level	Specific Accomplishments	Hours/ Week	Weeks/ Year	Will you participate in college?
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
_____	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> PG	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

Employment Information

List any work experience (including summer jobs) during the past two years.

Employer	Job Description	Dates of Employment	Part/Full Time
_____	_____	_____	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
_____	_____	_____	
_____	_____	_____	

Academic Distinctions

Please submit any academic or educational awards and honors you received in high school (e.g. National Merit, National Honor Society, and Governor's Youth Award)

Discipline Information

Have you ever been placed on probation, suspended, removed, dismissed or expelled from any school or academic program since 9th grade? Yes No

Other than traffic offense, have you ever been convicted of any misdemeanor, felony, other crime? Yes No

If you answered yes to either question, please provide an explanation and the approximate dates of each incident. Please attach your response to the end of the application.

Authorization

Your signature below

1. Authorizes all schools you attended to provide all requested records and allow review of your application for the admission process chosen on this application.
2. Confirms all information in this application (including any supplemental information) is factually true and honestly presented and that you are the person submitting this application.

Signature of applicant _____

Date _____

Lined writing area consisting of approximately 30 horizontal lines.

