



Bahamas Institute of Business & Technology

Madeira Street, Nassau, Bahamas

Application for Admission

General Instructions

1. Please type or print the information requested on the Application form.
2. Answer all questions truthfully and correctly.
3. Ensure that copies of your high school and/or college transcriptions are sent to the Office of Admissions.
4. Attach all other credentials in support of your application to the application form.
5. Remit a \$50.00 non-refundable application fee with this form.
6. Include two references from high school or college officers who are familiar with your academic abilities.

Transfer Applicants

If you have completed college level work prior to applying to BIBT and wish to have this work considered as part of your application you should apply as a transfer student. To do so you should:

1. Request that an official transcript from each college attended be forwarded to the Bahamas Institute of Business & Technology, Office of Admissions. (Unofficial copies or copies stamped "issued to students" are not acceptable.)
2. If you have fewer than 15 transferable credits, please submit a copy of your high school transcript as well.
3. If you completed courses by distance learning, only credits from approved institutions will be accepted.
4. Only credits that have not reached more than six years of maturity at the time of the application will be considered for transfer.

International Applicants

Please complete this application and submit it along with the specified non-refundable application fee to the college at least six months prior to your anticipated start date. Once the application is received, additional forms and instructions will be forwarded to you.

DO NOT WRITE IN THIS SPACE

High School GPA: _____

Student #:

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Placement Math: _____

Other (specify) _____

Placement English: _____

Admission: [] Approved [] Denied

[] Deferred to _____

Remarks: _____

BIBT: Application for Admission

Personal Information

Last Name: _____ First Name: _____ MI: _____

Address: P.O.Box: _____ Street: _____

House #: _____ City/Town: _____ Island _____

Country: _____ Nationality: _____

Gender: Male Female Marital Status: Single Married Divorced

If married, give maiden name: _____ Date of Birth: M[] D[] Y[]

Occupation: _____ Place of Employment: _____

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

Email Address: _____ National Insurance #: _____

Academic Background

Give the name and address of the high school from which you graduated. _____

Graduation Date: M[] D[] Y[] Graduation Award: _____

List Examination Achievements below (use separate sheet if necessary):

Exam	Course Title	Grade	Year

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List in chronological order high school and colleges attended

Institution's Name	Address	From	To	Achievement

Please provide official transcript of all college work completed. If you have earned less than 15 credits, submit official high school records.

BIBT: Application for Admission

Family Information

Mother's Last Name: _____ First Name: _____ MI: _____

Father's Last Name: _____ First Name: _____ MI: _____

Mother's Occupation: _____ Father's Occupation: _____

Give the name, phone number and the address of the person to contact in case of emergency:

Name: _____ Cell Phone: (____) _____

Home Address: _____ Home Phone: (____) _____

Place of Work: _____ Work Phone (____) _____

Academic Programs

Please check intended major area of study below or mark undeclared if you have not yet decided. You can declare a major at a later date. However, please note that you may not complete more than 30 credits without declaring a major area of study. If a major is not listed but is offered by the college, check other. Please check two boxes if you plan to pursue double majors. You should note that double majors are only permitted between departments and not within departments.

School of Allied Health Services	School of Business	School of Information Technology
<input type="checkbox"/> Health Care Administration	<input type="checkbox"/> Accounting Management	<input type="checkbox"/> Computer Information Systems
<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> Banking & Finance	<input type="checkbox"/> Computer Systems Management
<input type="checkbox"/> Pharmacy Technician	<input type="checkbox"/> Business Administration	<input type="checkbox"/> Network Security Technology
School of Tourism Management	<input type="checkbox"/> Human Resource Management	<input type="checkbox"/> Network Systems Administration
<input type="checkbox"/> Hotel Management	<input type="checkbox"/> Marketing Management	
<input type="checkbox"/> Restaurant Management	School of Education & Law	
<input type="checkbox"/> Tourism Management	<input type="checkbox"/> Undeclared _____	<input type="checkbox"/> Early Childhood Education
<input type="checkbox"/> Travel Management	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Paralegal Studies

Financial Information

How do you plan to finance the cost of your studies at the Bahamas Institute of Business & Technology? Check appropriately. Personal funds [] Educational Loan/s [] Scholarship/s [] Other (specify) _____

Indicate loan source: _____

Indicate scholarship source/s: _____

Have you ever attended the Bahamas Institute of Business & Technology? Yes [] No [] If yes, give year _____

BIBT: Application for Admission

Entrance Information

I am applying as a (select one): Freshman Re-admitted Student Transfer Student

Which term and year do you plan to enter the Bahamas Institute of Business & Technology? (Please indicate below)
Fall (September) Winter (January) Spring (April) Summer (July) Year 20_____

When will you attend classes? Check one: Day Evening Weekends Undecided

If you plan to declare a minor area of study, please write it here: _____

Which program of study will you be pursuing? Associate Degree Diploma Certificate

Check campus: Freeport Nassau Abaco North Eleuthera South Eleuthera

How did you first hear about the Bahamas Institute of Business & Technology? Radio Friend Family Internet Television Work School College Fair College Rep Newspaper Other (please specify) _____

Are any of your parents or relatives currently employed at the Bahamas Institute of Business & Technology? Yes No If yes, in what capacity: _____

What special hobbies or skills you possess that may help to enrich the college experience for yourself as well as other students? _____

I certify that the information given in this application is complete and correct to the best of my knowledge. I further understand that falsification or failure to supply the correct information may lead to the disqualification of my application for admission to the Bahamas Institute of Business & Technology. In addition, I am fully cognizant of the fact that should my application for admission be accepted by the Bahamas Institute of Business & Technology, I will accept all financial responsibilities and will comply with all rules and regulations specified by the institution.

Signature of applicant _____ Date: M[] D[] Y[]

Signature of parent or guardian _____ Date: M[] D[] Y[]
(Required if applicant is under the age of 18 years.)

Please deliver completed application along with supporting documents and the applicable non-refundable application fee to the Office of Admissions, Bahamas Institute of Business & Technology, Madeira Street, Palmdale. If you prefer, application can be mailed to:

The Director of Admissions
Bahamas Institute of Business & Technology
P.O.Box CB-11242
Nassau, Bahamas

Applicants in Grand Bahama can apply directly to the Freeport Campus.

Please place
passport size
photo here