IMPORTANT INFORMATION FOR APPLICANTS
SCHOOL OF PHARMACY PROGRAMME

REGISTRAR’S OFFICE, GOLDEN GROVE CAMPUS

Matters relating to applications will be dealt with in this office during the following times:
Mondays to Thursdays – 9:00 am to 3:00 pm AND Fridays – 9:00 – 12:00 noon

APPLICATION PERIOD: 12th MARCH TO MAY 31st, 2018
APPLICATION FEE: $60, LATE FEE: $120 (NON REFUNDABLE)

What should I do to complete my application?
1. Collect the application package for the School of Pharmacy. READ this page, READ the brochure and READ through the form before filling it out.

2. Fill out ALL AREAS of the application form. It is the applicant’s responsibility to ensure that the application form is complete. The applicant’s signature must appear on the form in order for it to be processed. Incomplete applications will NOT be processed. Put N/A or None if an area on the form is not applicable in your case.

3. Fill out the front page of both Applicant Recommendation Forms before taking them to the persons who will fill them out on your behalf.

4. Gather all relevant documents and certificates: transcripts, CXC results that you have already, birth certificate and/or passport. Make copies of these and attach them to your completed form. Place the originals in an envelope along with your completed application form with passport photo attached. Ensure that your name is written on the back of your photograph before attaching it.

5. Collect your Completed Applicant Recommendation forms.

6. Pay the relevant application fee at First Caribbean International (CIBC).

7. Return the completed forms with your payment slip to the Registrar’s Office at Golden Grove. Collect a receipt for your application fee.

How will I know if I am accepted?
• You will be contacted via telephone to be advised when letters of response to your application are ready for collection.

How much will I have to pay if I get accepted?
The School of Pharmacy Programme is a three-year programme with a tiered fee structure. Persons should budget as follows:

<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nationals</td>
<td>$6,500</td>
<td>$6,800</td>
<td>$6,100</td>
</tr>
<tr>
<td>Caricom Nationals</td>
<td>$9,100</td>
<td>$9,800</td>
<td>$8,500</td>
</tr>
<tr>
<td>International Students</td>
<td>$14,300</td>
<td>$15,800</td>
<td>$13,300</td>
</tr>
</tbody>
</table>

The College reserves the right to increase its fees without notice. Prospective students should budget separately for text books. All fees are payable to the College through CIBC FirstCaribbean International Bank. Students will receive a payment slip to complete that process. Students are required to meet all financial obligations before the start of classes.

Continued on next page…
What if I have questions?

- ASK questions of personnel in the Registrar’s Office at the College. This is the official source of information for matters relating to this process. Please be guided accordingly. You can phone 462-1434 or email info@asc.edu.ag with the subject Application to Study.
USE BLOCK CAPITALS TO FILL OUT THIS FORM

Forms should be accompanied by the CIBC FirstCaribbean International Bank slip showing payment of the non-refundable application fee. The application fee is $120 for each Department to which you apply.

Surname (Family Name):   Mr / Mrs / Miss          (Circle appropriate title)

First Name: (as on birth certificate)

Middle Initial:

Date of Birth: (eg. 01-Jan-1995)

Age at last birthday:

Gender (Circle):

MALE

FEMALE

Marital Status (Circle one):

Single

Married

Country of Birth: ________________________________

If you are a citizen born in Antigua and Barbuda – you may submit EITHER a copy of your birth certificate or your passport

If you are a citizen of Antigua and Barbuda not born in Antigua and Barbuda – please submit a copy of your passport

If you do not fall into either of the above categories, please submit copies of both your birth certificate and your passport.

Passport issued by (country): ________________________________ Passport number: __________________________

(Attach a copy of the passport page(s) with your picture and identification details, the valid until date and immigration status.)

Applicant Contact Information

Home Address:

..........................................................................................................................................................

..........................................................................................................................................................

..........................................................................................................................................................

Home Phone: ......................... Cell Phone: ................................. Work Phone: .................................

Have you applied to the College before?:   Yes   No

If Yes: in what year ________________

www.asc.edu.ag
EDUCATIONAL BACKGROUND  (List in order of most recent College/High School)

<table>
<thead>
<tr>
<th>From Year</th>
<th>To Year</th>
<th>Graduated?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Please provide contact information for next of kin)

Name: 
Relation: ............................................
Address: 
Cell Phone: ........................................
Work Phone: ...........................................
Email: ................................................................
Home Phone..............................................

FINANCIAL INFORMATION: My financial obligations to the college will be met by: (Circle number as applicable)
1  Scholarship: Full  Partial (Circle to indicate extent)  2  Me  3  Family member  4  Other

If offered a place, you will be required to provide further details regarding source of funds upon registration.

DECLARATION

I understand that the submission of this application does not guarantee admission to a program or course, and that admission is subject to meeting the College’s prerequisites and space availability.

I agree to abide by the rules and regulations as set out by the Antigua State College and those of the department and programme in which I shall be registered and by any changes which may be made while I am a student at the College.

I hereby certify that the facts provided in this application form are true and complete to the best of my knowledge. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentation or omissions may cause my application to be rejected and make me ineligible for admission to the College. I understand that if admitted to the College, falsified statements on this application shall be considered sufficient cause for dismissal.

Applicant’s signature ____________________________________________________ Date ______________________

FOR OFFICIAL USE ONLY

This form was received by me on the date indicated and I have checked this form and certify that it is complete according to the checklist.

ID# and Signature

All data relevant to this application was entered into the system by me on (date) ____________________________

ID# and Signature

www.asc.edu.ag
NOTE: You are strongly advised to REVIEW THE SCHOOL OF PHARMACY BROCHURE TO UNDERSTAND THE REQUIREMENTS OF THE PROGRAMME into which you hope to be admitted for study.

NOTE: All Applicants to the School of Pharmacy MUST SUBMIT 2 COMPLETED APPLICANT RECOMMENDATION FORMS at the time of submitting this application. Your application will not be considered without them.

NOTE: A copy of any CXC, GCE or other RESULTS THAT YOU ALREADY HAVE at the time of submitting this application SHOULD BE ATTACHED TO THIS FORM. IF YOU ARE AWAITING RESULTS TICK THIS BOX □

NOTE: The offer of a place is contingent upon the results of the review of all applications by the Admissions Committee. Applicants are advised that possession of the basic requirements is not a guarantee of acceptance into the desired program. The College will notify applicants by letter whether or not they have been offered a place.

<table>
<thead>
<tr>
<th>EMPLOYMENT HISTORY (List ONLY your 3 most recent employment activities putting most recent first)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
QUALIFICATIONS (Indicate by ticking the box ANY certifications that you already have at this time. SUBMIT PHOTOCOPIES OF THESE AS WELL AS THE ORIGINAL CERTIFICATES SO THAT THEY CAN BE VERIFIED AT THE SAME TIME THAT YOU SUBMIT THIS APPLICATION FORM.)

- [ ] CXC Results: Indicate Year(s) of sitting:
- [ ] GCE Results: Indicate Year(s) of sitting:
- [ ] Microsoft Office User Specialist
- [ ] Transcript from other College/Training Institute

Indicate any extracurricular activities or community programmes in which you have been involved.

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………………………………………………………………………………………………………
Applicant’s Signature: _____________________________ Date: __________________
ANITGUA STATE COLLEGE  
SCHOOL OF PHARMACY  

Applicant Recommendation Form

Instructions to the Applicant:

Complete item 1, sign the form, and then take it to the recommender with an envelope addressed to the School of Pharmacy, Antigua State College, Golden Grove, St. John’s, Antigua. Completed forms are to be submitted at the time of submission of the application in sealed envelopes with the recommending person’s signature written across the flap.

NOTE: Make sure your recommender is aware of the application deadline you are trying to meet.

1. Name of Applicant:

<table>
<thead>
<tr>
<th>Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Middle Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

2. Proposed area of study and qualification sought:

Associate of Applied Science Degree in Pharmacy

Applicant’s Signature ___________________________ Date ____________

Instructions to the recommender: (Principal, Teacher, Counselor, Employer, head of service organization, etc.)

The above named applicant is requesting that you serve as a reference for his/her application to the Antigua State College School of Pharmacy. To assist us in evaluating his/her application, please complete this form and return it to the applicant for submission with his/her application in a sealed envelope, with your signature across the sealed flap. All completed forms will be treated confidentially.

www.asc.edu.ag
3. How long have you known this applicant? ________________________________

4. In what capacity have you known the applicant? ________________________________

5. Please rate the applicant as realistically and candidly as you can on the following:

<table>
<thead>
<tr>
<th></th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>No Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic potential</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Capacity for independent thinking</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Leadership ability</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Motivation to work</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Emotional maturity</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Ability to work well with others</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Ability to express self verbally</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Writing ability</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Problem solving ability</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Sense of service</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>(Involvement in community service)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Respect for persons in authority</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Respect for peers</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Ethics</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

6. Has the applicant been subject to any disciplinary action? ○ Yes ○ No

7. If you answered yes to Question 6, please indicate the nature and frequency of the infraction by ticking the applicable options below:
   ○ Minor infraction (e.g. attendance, lateness, failure to complete/hand in work, etc.)
     ○ Single incident ○ Repeated incidents
   ○ Serious infraction (cheating, plagiarism, stealing, verbally/physically violent acts or threats)
     ○ Single incident ○ Repeated incidents
8. In your own words, we would appreciate your evaluation of the applicant’s outstanding strengths and weaknesses and general recommendations concerning the applicant’s potential for success, suitability for the area of study, and personal non-academic attributes.

This applicant is:
○ strongly recommended  ○ recommended  ○ recommended with reservation  ○ not recommended

Title (circle): Mr.  Mrs.  Ms.  Other: ________

Name (Type or Print)  Address- Line 1

Signature  Address- Line 2

Institution/Organization  Phone

Position  Email

Thank you for participating in this process.