



ATTACH  
PASSPORT SIZE  
PHOTO HERE

**INDEPENDENCE JUNIOR COLLEGE**  
SAVANNAH ROAD  
INDEPENDENCE VILLAGE  
STANN CREEK DISTRICT

**Telephone: 523-2566**

**E-mail: info@ijc.edu.bz**

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**APPLICATION FOR ADMISSION**

**Dear Prospective Student:**

Your decision to continue your formal educational training is to be applauded. Our institution has designed its programs to equip young people with the skills necessary to become productive citizens thereby contributing to the meaningful development of southern Belize and by extension, our country Belize. We urge you to review our programs and be a part of the development of a new but promising tertiary institution.

**The application package should include:**

- \$30 Application fee (*non-refundable*)
- \$10 Late Application fee (*if applicable*)
- 1 Official High School transcript (*up to present*)
- 1 Official transcript (*from current Junior College-for transfer students only*)
- 1 **copy** of your birth certificate **or** passport **and** a copy Social Security card.  
Non-Belizeans must submit a copy of resident status.
- 1 **copy** of High School Diploma (*to be forwarded as soon as received*)
- 2 recommendation forms (*attached*) to be filled by principal, teacher, employer, or other persons who can assess your capabilities.
- Copies** of ATLIB and/or CXC scores (*where applicable*)
- 1 Passport size photo (**attach** to space provided at the top of this form)
- 1 copy of COVID - 19 Vaccination Record Card

The Office will not process any application for Admission unless all required documents as listed above are submitted. Application deadline for August Intake is on or before 2<sup>nd</sup> Thursday in May and for January Intake or before 2<sup>nd</sup> Thursday in November.

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FOR OFFICIAL USE ONLY:

**Application Fee Paid:** \_\_\_\_\_

**Admission Status**  ACCEPTED  NOT ACCEPTED

**Receipt Number:** \_\_\_\_\_

Completed application form should be completed and returned with all necessary documents to:

**Admissions Office**  
Independence Junior College  
Savannah Road, Independence Village  
Stann Creek District  
Belize, C.A

**INDEPENDENCE JUNIOR COLLEGE  
APPLICATION FOR ADMISSION**

(PLEASE PRINT CLEARLY)

**SECTION I: PERSONAL DATA**

NAME: \_\_\_\_\_  
Last First Middle

HOME ADDRESS: \_\_\_\_\_  
Street City/Town District

MAILING ADDRESS: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(If different from above)

HOME PHONE: ( ) \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_  
MM/DD/YY

PLACE OF BIRTH: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

CITIZENSHIP:  Belizean National  Permanent Resident  Other: \_\_\_\_\_

GENDER:  Male  Female MARITAL STATUS:  Single  Married  Other \_\_\_\_\_

RELIGIOUS DENOMINATION:  Anglican  Catholic  Methodist  Presbyterian  Other: \_\_\_\_\_

T-SHIRT SIZE:  S  M  L  XL  XXL

STATE OF YOUR HEALTH:  Excellent  Good  Fair\*  Poor\*

\*If Fair or Poor, please explain: \_\_\_\_\_  
\_\_\_\_\_

DISABILITY:  No  Yes (specify) \_\_\_\_\_

COVID -19 VACCINATED:  Yes  No INDICATE SHOT(S):  First  Second  Booster

**SECTION II: PARENTAL/GUARDIAN/SPOUSE DATA**

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_  Living  Deceased

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_  Living  Deceased

Spouse's Name: \_\_\_\_\_ Address: \_\_\_\_\_  Living  Deceased

Emergency Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Person/ Organization responsible for tuition:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION III: EDUCATIONAL BACKGROUND**

Indicate the date when you took (or are scheduled to take) the ATLIB Exam: \_\_\_\_\_

If you have taken the ATLIB Exam what were your scores? English: \_\_\_\_\_ Math: \_\_\_\_\_

High Schools, Junior Colleges, Universities Attended ( indicate most recent first)	Years Attended	Date of Graduation

What program of study did you pursue in secondary school? \_\_\_\_\_

What program of study (if any) did you pursue in post – secondary school? \_\_\_\_\_

State level of computer literacy:  Beginner  Intermediate  Advanced  Expert

List below the subject examinations you have passed or will sit.

Subject	Proficiency (Basic, General, Technical)	Examining Body (CXC, GCE, Other)	Grade	Date

**SECTION IV: PROGRAMS OF STUDY**

The Independence Junior College offers (2) **TWO** main programs of study: *Business & Social Science and Arts & Science*. On the following page, please indicate the program you are interested in pursuing at IJC. Please use a check mark in the box provided to indicate your specific choice.

**ASSOCIATE DEGREE PROGRAMS OF STUDY**

Semester & Year of desired enrollment:  August 20\_\_  January 20\_\_

Enrollment Status:  Full-Time  Part-Time  Transfer  Transient

Students in the **BUSINESS & SOCIAL SCIENCE** program will choose one (1) of the following:

- ABMA - Business Management with concentration in Accounting
- ABME- Business Management with concentration in Economics
- ATMT – Tourism Management
- ABMGT – Business Management

Students in the **ARTS & SCIENCE** program will choose one (1) of the following:

- AAGRIB - Agribusiness
- ABIO - Biology
- AMTH - Mathematics
- ANRM – Natural Resources Management
- AINT – Information Technology

**\*FOR Evening Division Students ONLY:**

Choose one of these business programs:  **ABMA**    or     **ABMGT**

**PERSONAL STATEMENT**

Please include a short statement (in your own handwriting) explaining why you wish to attend IJC and your interest in the program you intend to study. Use the space provided below.

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## RECOMMENDATION FORM

### GENERAL INSTRUCTIONS

**To the applicant:** Complete Section I and submit the form to the principal, teacher, employer or other person who can assess your capabilities.

**To the recommender:** Please complete Section II and return the form in a sealed envelope to the applicant or forward the form in a sealed envelope to the Office of Admissions, Independence Junior College, Savannah Road, Independence Village, Stann Creek District, Belize, C.A.

***The deadline for the receipt of this recommendation form is same as that of the complete application form.***

**SECTION I** (to be completed by applicant). Please print or type clearly.

Name: \_\_\_\_\_  
  (Last)    (First)    (Middle)

Home Address: \_\_\_\_\_  
  No.                          Street                          City/Town                          District

Recommender's Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

**SECTION II** (to be completed by the recommender):

In what capacity have you known the applicant? \_\_\_\_\_

Is the academic record of the applicant an accurate indication of his/her ability?  Yes  No

If not, please describe the circumstances.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please comment on the applicant's ability/performance and personal character.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please rate the applicant on the following attributes:

Attributes	Excellent	Good	Average	Below Average
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Based on the applicant's academic ability/performance and personal character, I

1.  Recommend enthusiastically      2.  Recommend strongly      3.  Recommend  
4.  Recommend without enthusiasm      5.  Do not recommend

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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 4.  Recommend without enthusiasm      5.  Do not recommend

**Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_