

### **MUFFLES JUNIOR COLLEGE**

EVENING ONLINE ASSOCIATE DEGREE PROGRAM FOR WORKING ADULTS/NON-TRADITIONAL STUDENTS



APPLICATION FORM

### PROGRAM OF STUDY FOR ACADEMIC YEAR 2024 – 2025

#### ASSOCIATE DEGREE IN BUSINESS SCIENCE WITH A CONCENTRATION IN MANAGEMENT

This program adopts a comprehensive approach to management. Persons studying this subject will develop an understanding of the integrated nature of business organizations and the environment in which they operate. This program also provides opportunities for acquisition of prerequisite knowledge and skills necessary for further studies and career opportunities in the field of business.

INSTRUCTIONS AND GENERAL INFORMATION

1. Download form, complete, save and submit to mufflesjuniorcollegebz@gmail.com.

2. Submit your official secondary school transcript either directly to the Muffles Junior College office or to the email address mufflesjuniorcollegebz@gmail.com.

3. The deadline to apply is Wednesday, June 12, 2024.

3. You will be informed electronically concerning your acceptance.

Thank You for your interest in Muffles Junior College.

Find us on: www.mufflesjuniorcollegebz.com www.facebook.com/mjc.edu.bz 1.3 miles San Estevan Road, OWT (501) 322-1016 or WhatsApp (501) 601-7016



Full Name

## **MUFFLES JUNIOR COLLEGE**



# **APPLICATION FORM**

(Please enter your r	name as it app	ears on your passpor	t and/or other official doc	uments )		
Last Name		First N	ame	Middle Name		
Maiden Last Nat	me (if appli	icable)				
Address	(Number &	Street Address)	(City/]	Fown/Village)	(District)	
Phone	Home		Cell	Gender Mal	e Female	
Date of Birth				Email		
	MM/DI	D/YEAR	ŀ	Age as of August 1, 2024		
Place of Birth		District				
Marital Status	Single	Married	Common Law	Divorced	Widow	
Citizenship						
Secondary Scho	ool(s) Atter	nded				
Date Attended	MM/I	DD/YEAR	Grad	Graduation Date MM/DD/YEAR		
Other School At	ttended					
Select the course	e of studies	that you pursued	l or are pursuing in h	ighschool: (che	eck one)	
Agriculture	Arts	Business	Vocational	Other		
Condition of He	alth: (chec	k one)				
Excellent	Good	Fair Poor	r			
State any health	condition	that the school s	hould be aware of:			

**Religious Affiliation** *(for statistical purposes)* 

**Social Security Number** 

#### **Personal Statement**

In your own words, submit a paragraph of approximately 100 words explaining why you wish to study at Muffles Junior College and how you expect this institution to help you grow professionally during your program of studies. Feel free to share your personal characteristics and interests.

### Acceptance of conditions for admission

By affixing my full name below, I accept that my non-refundable admission application fee of \$25.00 will be payable upon registration. My name below also certifies that all the information contained in my application is complete, factually correct, and honestly presented. It also certifies my understanding that my admission and subsequent registration may be cancelled if any information contained herein is found to be false or if some of the required information has been intentionally omitted. My name below certifies that I agree to abide by the policies and regulations of the College.

FULL NAME

DATE (MM/DD/YEAR)