Read the instructions carefully before completing this form.

Term for which you are reapplying:  
☐ January  
☐ September  
☐ Other _______________

ID No.  

D.O.B.  

Name:  

Last  
First  
Middle  

Former Name:  

Last  
First  
Middle  

Email Address:  

Phone Nos.  

Mailing Address:  
____________________________________________________________________________  
____________________________________________________________________________  

Permanent Address if different from above  
____________________________________________________________________________  
____________________________________________________________________________  

First Enrolled at CMI:  

September __________ | January __________ | Summer __________ (Year)  

Last Enrolled at CMI:  

(Write date of withdrawal/dismissal)  

Course enrolled in:  

Course to which you are reapplying:  

Attendance at other Institutions:  

I DID /DID NOT ATTEND ANOTHER INSTITUTION DURING MY ABSENCE (circle as appropriate)  

Institution:  

Programme Pursued:  

Applicant’s Signature:  

Date:  

Approval (required for all students)  

Registrar’s signature or designee:  

Date:  

FOR OFFICIAL USE ONLY:  

Date Received:  

Document No:  

CMI/ADM/FORM/023  

Page 1 of 1  

Revision No.: 00  

Revision Date: 1st July, ‘08  

CARIBBEAN MARITIME INSTITUTE  

QUALITY MANAGEMENT SYSTEM  
PROCEDURES  

TITLE:  
APPLICATION FOR READMISSION  