14 – 18 West Avenue, Kingston 8 Phone: (876)969-8211/8803/ Fax (876) 925-9129 Email: registry@jts.edu.jm or jtsregistry@gmail.com

SUPPLEMENTAL COURSE WORK

This form <u>must be carefully completed</u> and submitted to DEAS on or before the date specified in public notices.

| NAME | | | |
|---|----------------------------|---------------------------|------------------|
| ADDRESS | | | |
| CONTACT # | (H) | (Wk) | (Cell) |
| E-MAILPROGRAMME | | | |
| PROGRAMME | EMPH | ASIS/MINOR | |
| STUDENT ID# | DATE OF A | DMISSION | (MTH) (YR) |
| IN THE TABLE BELOW PLEASE P | ROVIDE INFORMATION ON SUI | PPLEMENTAL EXAMINATIO | N(S) TO BE DONE: |
| COURSE NAME AND DESCRI | | R SEMESTER/TEI | RM DAY/ |
| COURSE WORK | | & YR COURSE V | VAS EVE |
| | | DONE | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| _ | | | |
| | | | |
| In the spaces provided applica | | | ocuments (where |
| necessary) to indicate why the | e course work was not done | ınıtıally. | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| DAME OF GUIDATICS | | N TO A NUMBER OF COLUMNIA | |
| DATE OF SUBMISSIONAPPLICANT'S SIGNATURE | | | |