

**THE UNIVERSITY OF THE WEST INDIES  
CAVE HILL CAMPUS**

**ENGLISH LANGUAGE PROFICIENCY TEST REGISTRATION FORM**

Receipt#.....

Paid:.....

**Registration Fee: Bds\$50.00**

**SECTION A: Complete this section and return to the UWI, Cave Hill Campus, Admissions Section. Where applicable you should staple it to your UWI Application Form.**

PLEASE TYPE or PRINT

1. **NAME:** \_\_\_\_\_  
(SURNAME) (FIRST NAME) (MIDDLE NAME)

2. **DATE OF BIRTH:** \_\_\_\_\_  
(Day/Month/Year)

3. **ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

4. **TEL#:** \_\_\_\_\_

5. **FACULTY OF 1<sup>ST</sup> CHOICE:** \_\_\_\_\_

6. **PREVIOUS/PRESENT UWI STUDENT I.D NO. (If any):** \_\_\_\_\_



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**NAME:** \_\_\_\_\_  
(SURNAME) (FIRST NAME) (MIDDLE NAME)

**FACULTY OF 1<sup>ST</sup> CHOICE:** \_\_\_\_\_

**PREVIOUS/PRESENT UWI STUDENT I.D NO. (If any)** \_\_\_\_\_