



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 1ST CHOICE:** _____
- 6. **PREVIOUS/PRESENT UWI STUDENT I.D NO. (If any):** _____



SECTION B: Complete and detach this slip and retain for your records

- 1. **NAME:** _____
(SURNAME) (FIRST NAME) (MIDDLE NAME)
- 2. **FACULTY OF 1ST CHOICE:** _____
- 3. **PREVIOUS/PRESENT UWI STUDENT I.D NO. (If any):** _____

DATE OF TEST: THURSDAY, FEBRUARY 26, 2009