



**THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS, P. O. BOX 64, BRIDGETOWN**

MEDICAL FORM

TO: Dr. _____
FROM: Senior Assistant Registrar, Graduate Studies
DATE: _____
OUR REF: _____

PLEASE SEND US YOUR CONFIDENTIAL REPORT ON THE FOLLOWING STUDENT:

NAME:
FACULTY:
YEAR:

REPORT

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Senior Assistant Registrar, Graduate Studies

ENCLOSURES:

COPIED TO: Dean, Faculty of
Head, Department of
Senior Sister/Sister – Students’ Health Service