



THE UNIVERSITY OF THE WEST INDIES
Caribbean Integration Programme Bursaries
APPLICATION FORM

BIOGRAPHIC INFORMATION			
NAME	Last Name/Surname	First Name	Middle Name(s)
Date of Birth (dd-mm-yyyy):	Sex: Male [] Female []	Marital Status	
Country of Birth		Nationality	
CONTACT INFORMATION			
Permanent Address		Term/Mailing Address (If different from permanent address)	
Home Phone	Cellular Phone	Other Phone	E-mail Address
Please provide information for a responsible friend or family member who may be contacted in case of an emergency while you are a participant in the Programme			
Name			
Address			
Telephone #1		Telephone #2	
Email Address		Relation to you	
UWI ACADEMIC/FINANCIAL INFORMATION			
Faculty	Programme (B.A., B.Sc., etc.)	Major/Option	
Expected Date of Graduation	Level (2,3,etc.)	Campus	
Do you have outstanding UWI fees? Yes [] No []			If yes, state amount outstanding \$

Co-curricular Activities	

Caribbean Integration Programme Details		
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Application for Academic Year:	Semester 1 [] Semester 2 []	Host campus:
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Please detail the courses you will study at the host campus. You are required to provide documentary evidence that approval for each of these courses has been granted by the local and host Faculty/Department.

Course Code	Course Title
1.	
2.	
3.	
4.	
5.	
6.	

Why do you want to participate in the Caribbean Integration Programme?

Why do you want to go to the campus you have indicated?

I certify that I have read and understood the instructions necessary for properly completing this application and that all information given is true and accurate

<p>-----</p> <p>Signature of Applicant</p>	<p>-----</p> <p>Date</p>
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Comments of Head of Department

How will participation in this programme be of value to this student?

General Conduct of Student:

Please make your recommendation regarding the student's request to participate in this programme:

----- Name of Head of Department/Nominee	----- Signature	----- Date (please affix official stamp)
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Assessment by Faculty Dean

Do you concur with the comments made by the HoD?	YES []	NO []
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Please make your recommendation regarding the student's request to participate in this programme:

----- Name of Dean/Nominee	----- Signature	----- Date (please affix official stamp)
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FOR OFFICIAL REGISTRY/OSF USE ONLY

Documents Submitted	

Assessment Committee's Decision