THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS

STUDENT EXCHANGE/STUDY ABROAD
PROGRAMME OF STUDY

NAME:_____ **I.D. NO**. _____

MAJOR: _____ **CONTACT NO.**_____

EMAIL:_____

YEAR 2 ☐ 3 ☐

COURSES PASSED AT UWI		
LEVEL I	**LEVEL 2**	**LEVEL 3**

EXCHANGE/STUDY ABROAD UNIVERSITY: _____

PERIOD ABROAD: SEMESTER _____ ACADEMIC YEAR _____

COURSES TO BE TAKEN AT HOST UNIVERSITY	**UWI CAVE HILL EQUIVALENT**	**AUTHORISED BY (HEAD OR NOMINEE)**

STUDENT'S SIGNATURE: _____ DATE:_____

I APPROVE THE ACADEMIC PROGRAMME: _____
Head of Department

_____
Dean

PLEASE RETURN TO THE INTERNATIONAL OFFICE, OLD ALDMINISTRATION BUILDING, MAIN CAMPUS, UWI, CAVE HILL CAMPUS