



**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 1	LEVEL 2	LEVEL 3

EXCHANGE/STUDY ABROAD UNIVERSITY: _____

PERIOD ABROAD: SEMESTER _____ ACADEMIC YEAR _____

COURSES TO BE TAKEN	UWI EQUIVALENT	AUTHORISED BY (HEAD OR NOMINEE)

STUDENT'S SIGNATURE: _____ DATE: _____

I APPROVE THE ACADEMIC PROGRAMME: _____
Head of Department

Dean