



THE UNIVERSITY OF THE WEST INDIES

APPLICATION FOR

SPECIAL ADMISSION, OCCASIONAL, EXCHANGE and STUDY ABROAD PROGRAMMES

The accompanying Instruction sheet provides detailed information on the completion of this application form. All applicants are urged to read this information carefully.

SECTION A – PERSONAL DATA

1. Name			
Title	Last Name/Surname	First Name	Middle Name(s)
2. a) Former Name (if applicable)			
Title	Last Name/Surname	First Name	Middle Name(s)
			b) Type of Former Name <input type="checkbox"/> Maiden <input type="checkbox"/> (Prior to) Deed Poll
3. Have you previously applied to the UWI? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. If answer to question 4 is yes, please state the following:	
		a) Identification Number	b) From (year)
		c) To (year)	d) Campus
4. Have you previously been a student at the UWI? <input type="checkbox"/> Yes <input type="checkbox"/> No		e) Programme	
6. a) Permanent Address: Apt/Street/PO Box		7. a) Mailing Address (if different from 6): Apt/Street/PO Box	
City/Town/Post Office/Post Office		City/Town/Post Office	
Parish/County		Parish/County	
State	Zip/Postal Code	Country	
State		Zip/Postal Code	Country
b) Name of Contact (if any)		b) Name of Contact (if any)	c) Active Dates (if applicable) Fr / / To / /
8. Home/Permanent Phone () -		9. Mailing Address Phone () -	
10. Cell Phone () -		11. Work Phone () - Ext:	
12. Fax Number () -		13. Email Address	
14. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		15. Date of Birth (dd/mm/yyyy) / /	16. Tax Number/National ID
17. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced		18. Religion/Denomination	
19. Country of Birth/National of		20. Country of Citizenship	21. a) Country of Residence b) Duration (yrs.)
22. a) Do you have a disability? (This information is needed in case special facilities are required) <input type="checkbox"/> Yes <input type="checkbox"/> No		b) If yes, please specify	

SECTION B – CAMPUS, FACULTY & COURSES

23. Period of Study <input type="checkbox"/> Academic Year <input type="checkbox"/> Semester I <input type="checkbox"/> Semester II <input type="checkbox"/> Summer Expected Admission date / / mm yyyy	24. Level of Study <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate	25. Campus <input type="checkbox"/> Cave Hill <input type="checkbox"/> Mona <input type="checkbox"/> St. Augustine <input type="checkbox"/> UWIDEC	26. Faculty <input type="checkbox"/> Engineering <input type="checkbox"/> Gender & Development Studies <input type="checkbox"/> Humanities & Education <input type="checkbox"/> Law <input type="checkbox"/> Medical Sciences <input type="checkbox"/> Pure & Applied Sciences <input type="checkbox"/> Science & Agriculture <input type="checkbox"/> Social Sciences	27. Applicant Type <input type="checkbox"/> Special Admission <input type="checkbox"/> Occasional <input type="checkbox"/> Exchange <input type="checkbox"/> Study Abroad
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SECTION G – REFEREE INFORMATION

41. Name Two Referees (Exchange applicants only)

a) Name of Referee				b) Name of Referee			
Name of Organization				Name of Organization			
Position				Position			
Address: Apt/Street/PO Box				Address: Apt/Street/PO Box			
City/Town/Post Office		Parish/County		City/Town/Post Office		Parish/County	
State	Zip/Postal Code	Country		State	Zip/Postal Code	Country	
Phone () - Ext:				Phone () - Ext:			

SECTION H - DECLARATION

42. I hereby certify that I have read and understood the instructions and the information necessary for completing this application and that all statements made are true and complete. I understand that otherwise my admission to or registration in the University may be revoked. I also understand that I am required to pay all fees before registration unless a current bilateral institutional arrangement makes this unnecessary.

Signature of Applicant

Date (dd/mm/yyyy)

FOR OFFICIAL USE ONLY

<p>Documents Received</p> <p><input type="checkbox"/> Application Fee Receipt no.: _____</p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> Marriage Certificate</p> <p><input type="checkbox"/> Deed Poll</p> <p><input type="checkbox"/> Transcripts</p> <p><input type="checkbox"/> CXC/GCE Certificates</p> <p><input type="checkbox"/> Referee Reports</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p>Original Documents Returned</p> <p>_____</p> <p>Signature of University Officer Date (dd/mm/yyyy)</p>
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Approved Not Approved

Dean or Nominee/ Campus Coordinator

Date (dd/mm/yyyy)

Comments

OFFICIAL ASSESSMENT:

Sponsored Contributing S Non Sponsored Contributing NS Non-Contributing NC