



THE UNIVERSITY OF THE WEST INDIES

CAVE HILL, BARBADOS

APPLICATION FOR TRANSFER

COMPLETE IN TRIPLICATE

(Students Wishing to Transfer from OFF-CAMPUS to ON-CAMPUS)

SECTION 1

FILL IN THE APPROPRIATE BOXES/SPACES.

I WISH TO TRANSFER TO: FACULTY OF

PROGRAMME (MAJOR) ACADEMIC YEAR.....

I AM CURRENTLY ENROLLED IN: PROGRAMME

FACULTY.....

TICK AS APPROPRIATE: DISTANCE TLI (NAME OF INSTITUTION)

SECTION 2

STUDENT ID#

SURNAME (BLOCK CAPITALS)

OTHER NAMES (BLOCK CAPITALS)

CORRESPONDING ADDRESS

.....

TEL NO

HOME ADDRESS

.....

TEL NO

SECTION 3

PERIOD OR PERIODS DURING WHICH YOU HAVE BEEN A STUDENT AT THE UNIVERSITY OF THE WEST INDIES (ANY CAMPUS)

19_____ TO 19_____ PROGRAMMECAMPUS

19_____ TO 19_____ PROGRAMMECAMPUS

20_____ TO 20_____ PROGRAMMECAMPUS

20_____ TO 20_____ PROGRAMMECAMPUS

SECTION 4

DO YOU HOLD A PARTICULAR SCHOLARSHIP OR AWARD? YES NO

IF ANSWER IS YES PLEASE NAME THE SCHOLARSHIP

NB SCHOLARSHIP HOLDERS MUST SEEK THE APPROVAL OF THEIR SPONSORS TO CHANGE FACULTY/PROGRAMME..

SECTION 5

BRIEFLY STATE REASON WHY YOU ARE APPLYING FOR TRANSFER

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SIGNATURE..... DATE OF APPLICATION

