



**THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS
APPLICATION FOR TRANSFER**

SECTION 1

STUDENT ID #.

Fill in the appropriate boxes/spaces

Present enrollment status Full Time Part Time

I wish to transfer from:

i Faculty of to Faculty of

ii Campus to Campus.

SECTION 2

Surname (Block Capitals).....

Other Names (Block Capitals).....

Address while at University

..... Tel. No.

Home Address

..... Tel. No.....

Email address:.....

SECTION 3

Date of Birth: Age last Birthday:..... Place of Birth.....

Marital Status: Single Married Divorced Widowed

Nationality: Father's Nationality.....

Sex: Male Female Religion

SECTION 4

Please indicate the course you wish to enter

AGRICULTURE **LAW**

Pre-Agriculture Part 1

ENGINEERING

Agricultural Industrial Mechanical Chemical & Process

Electrical & Computer Surveying & Land Information Civil

MEDICINE

M B B S D D S D V M * B Pharm

Pure & Applied Sciences (Mona) **Science & Agriculture (St. Augustine)**

*** Applicants must submit a letter of acceptance from the Pharmacy Board in their country of residence. Please indicate Major which you wish to read in the Faculties listed below.**

FACULTY

MAJOR

Humanities & Education

Pure & Applied Sciences

Social Sciences

SECTION 5

Period(s) during which you have been a student at the University of the West Indies.

19.....to 19..... 19to 20.....
20.....to 20.....

SECTION 6

Do you hold a particular scholarship or award? Yes No

If the answer is **Yes, please name the scholarship**.....

SECTION 7

Briefly state reason why you are applying for transfer.

This form must be returned to the Faculty Office on the Campus at which the student is registered for forwarding to the Assistant Registrar, Student Affairs, Admissions.

Students applying for transfer to

- A) Law must complete transfer forms by JANUARY 31
- B) Medicine must complete transfer forms by JANUARY 10
- C) Other Faculties must complete transfer forms by MARCH 31

NO LATE APPLICATIONS WILL BE ACCEPTED

Signature

Date of Application.....

FOR OFFICIAL USE ONLY

A.

I approve of the applicant
transferring from the Faculty of
at Campus to the Faculty of
at Campus

.....
Signature of Dean/Nominee

.....
Date

B.

I agree to accept the above applicant to the Faculty of
at the Campus

.....
Signature of Dean/Nominee

.....
Date

C.

I certify that the above-mentioned applicant is eligible/will be eligible to transfer if he/she is successful in the Semester I and II Examinations taken/to be taken in the University Examinations in the current academic year.

.....
Senior Assistant Registrar

.....
Date