

**THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS**

STUDENT EXCHANGE/STUDY ABROAD PROGRAMME OF STUDY

NAME: _____ STUDENT I.D. NO. _____

MAJOR: _____ CONTACT NO. _____

CURRENT GPA: _____ EMAIL: _____

STATUS: Full-Time Part-Time

COURSES PASSED AT UWI		
LEVEL 1	LEVEL 2	LEVEL 3

EXCHANGE/STUDY ABROAD UNIVERSITY: _____

PERIOD ABROAD: SEMESTER _____ ACADEMIC YEAR _____

COURSES TO BE TAKEN AT HOST UNIVERSITY (include course code and course name)	UWI CAVE HILL EQUIVALENT	AUTHORISED BY HEAD/NOMINEE

STUDENT'S SIGNATURE: _____ DATE: _____

I APPROVE THE ACADEMIC PROGRAMME: YES NO
 DOES STUDENT MEET THE MINIMUM GPA OF 3.0? YES NO

Comments.....

 HEAD OF DEPARTMENT

 DEAN