



THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS, BARBADOS
APPLICATION TO RESIDE ON HALLS OF RESIDENCE

SUMMER SCHOOL 2025

KINDLY COMPLETE (IN CAPITALS) AND RETURN BY **APRIL 25, 2025** TO THE HALLS ADMINISTRATOR, HALLS OF RESIDENCE, THE UNIVERSITY OF THE WEST INDIES, CAVE HILL CAMPUS, BARBADOS

NAME: (Block Letters) _____
Surname First Name Other Names

DATE OF BIRTH: D: _____ M: _____ Y: _____ MALE FEMALE (please tick one)

NATIONALITY: _____ MARITAL STATUS: _____

NAME OF PARENT/GUARDIAN/SPOUSE: _____

HOME ADDRESS: _____

TEL NO: _____ E-MAIL ADDRESS: _____

FACULTY: _____ YEAR _____ MAJOR _____

SCHOLARSHIP/BURSARY/EXHIBITION (Please Specify): _____

DISABILITIES/ALLERGIES: _____

RELIGION/DENOMINATION: _____

EXTRA CURRICULAR ACTIVITIES AND INTEREST: _____

ON CAMPUS RESIDENT YES NO IF YES: HALL _____ ROOM # _____

SIGNATURE: _____ DATE: _____

RESIDENTS ARE REMINDED THAT HALL ACCOMMODATION FOR SUMMER SCHOOL IS LIMITED AND IS THEREFORE OFFERED ON A "FIRST COME FIRST SERVE BASIS"