



STUDENT ID #.....

Present enrollment status Full Time ☐ Part Time ☐

i Faculty of to Faculty of

iiCampus toCampus.

Surname (Block Capitals)

Other Names (Block Capitals)

Address while at University

..... Tel. No.

Home Address

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

Email address:.....

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

Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐

Nationality: Father's Nationality

Sex: Male ☐ Female ☐ Religion

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

MBBS  DDS  DVM  * B Pharm 

Science & Technology (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

Science & Technology

Social Sciences

SECTION 5

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

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 Senior 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