



THE UNIVERSITY OF THE WEST INDIES, CAVE HILL CAMPUS  
FACULTY OF MEDICAL SCIENCES  
FOREIGN LANGUAGE SUBSTITUTE FORM

**PLEASE NOTE:** A student may be allowed to substitute **ONE** of the non-language Foundation Courses (i.e., FOUN1101 or FOUN1301) with a foreign language course at the level of their competence. You will **NOT** be allowed to substitute two Foundation Courses.

For non-CAPE students examined by a non-CAPE examining body or foreign University, please submit a transcript with the grades and course outline. The UWI, Cave Hill will determine comparability of course content and your pass grade to determine exemption eligibility.

**Please attach copy of certificate(s) for CSEC/CXC or CAPE Foreign Language results.**

ACADEMIC YEAR:	LEVEL:	FULL NAME ON YOUR BIRTH CERTIFICATE:	STUDENT ID NO:
TELEPHONE 1 (Local):	TELEPHONE 2 (Overseas):	MAJOR/PROGRAMME:	
ADDRESS 1 (Local):		Address 2 (Overseas):	
EMAIL: (Please write legibly):			

I am substituting a Non-Foreign Language Course in place of a UWI Course. (Enter UWI Foundation Course Code & Name)	Name of Foreign Language Course you wish to undertake. (Enter Course Code & Name)	Office Use

Signature of Student ..... Date.....

Key: G - Granted NG - Not Granted	<b><u>OFFICIAL USE ONLY</u></b>	
	Signature ..... Head of Department	Signature ..... Dean's

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