



THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS, P.O. BOX 64, BRIDGETOWN BB11000, BARBADOS

FACULTY OF SCIENCE AND TECHNOLOGY

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Academic Advisement

First Name: _____

Last Name: _____

Student ID number: _____

Department

Biological and Chemical Sciences
 Computer Science, Mathematics and Physics

Major: [REDACTED]
(*all majors*)

Other Major/Minor: [REDACTED]
(*all minors*)

Problem Being Addressed (Reason for plan, previous actions taken, etc.)

Plan

Academic Year:

Courses to Take

| Semester I | Semester II | Summer |
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Supporting Comments

Name of Advisor

Signature of Advisor

Date