

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: G Full-Time G Part-Time

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

PLEASE RETURN TO THE INTERNATIONAL OFFICE BY JANUARY 31ST PRECEEDING THE ACADEMIC YEAR OF EXCHANGE