



**THE UNIVERSITY OF THE WEST INDIES  
CAVE HILL CAMPUS  
APPLICATION FOR TRANSFER**

**SECTION 1**

STUDENT ID #. ....

Fill in the appropriate boxes/spaces

Present enrollment status      Full Time       Part Time

I wish to transfer from:

i      Faculty of ..... to Faculty of .....

ii      .....Campus to .....Campus.

**SECTION 2**

Surname (Block Capitals) .....

Other Names (Block Capitals) .....

Address while at University .....

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

Home Address .....

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

Email address:.....

**SECTION 3**

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

Marital Status:    Single       Married       Divorced       Widowed

Nationality: .....Father's Nationality .....

Sex:    Male       Female       Religion .....

**SECTION 4**

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**

M B B S       D D S       D V M       \* 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