THE UNIVERSITY OF THE WEST INDIES DEPARTMENT OF LIBRARY AND INFORMATION STUDIES

REGISTRATION FORM MASTER OF PHILOSOPHY/DOCTOR OF PHILOSOPHY (MPhil/PhD) INFORMATION STUDIES 2022/2023

Student ID Number:	Date of Entry to Progra	_ Date of Entry to Programme:	
Name: Mr/Miss/MrsSurname	First Name	Middle Name	
	ent Address	Work Address	
	Home	Work/Other	
Email: 1	2		
Nationality: Stat	tus: Full-time [] Part-time	[] Face-to-face [] Online []	
First Degree obtained at:			
Title of Degree:			
Class of Degree:			
Postgraduate Degree obtained at:			
Title of Degree:			
Class of Degree:			
Start and completion date of Degree:			
Most Recent Employment: Organisation and Address Po	osition <u>Date</u>	Supervisor	

Programme accepted to read:	MPhil []	PhD[]
Title of proposed Dissertation/	Thesis (as submitted with A	application):
Courses to be taken:		
FOR CREDIT: IN DLIS: Course Code:	Course Title:	
IN OTHER DEPTS: Course Code:	Course Title:	
FOR AUDIT: IN DLIS: Course Code:	Course Title:	
IN OTHER DEPTS: Course Code:	Course Title:	
Courses to be registered for credit (a MPhil Candidates are required to reg 9 credits in courses.		consultation with your Supervisor. rses and PhD Candidates are required to register at leas
Student's Signature		Date
(Signature of HOD or nominee)		Date
DLIS OFFICE ONLY: Name of	of Assigned Supervisor:	