

THE UNIVERSITY OF THE WEST INDIES

APPLICATION FOR

SPECIAL ADMISSION, OCCASIONAL, EXCHANGE AND STUDY ABROAD PROGRAMMES

The accompanying Instruction sheet provides detailed information on the completion of this application form. All applicants are urged to read this information carefully.

				SECTION A - P	ERS	ONAL	DATA						
1. Nan													
Title Last Name/Surname				First Name				Middle Name(s)					
2. a) F	ormer Name (if applica	ble)		I									
Title	Last Name/Surname		First Name		Mic	ddle N	ame(s)	b) Type	of Former Na	me		
								☐ Maiden ☐ (Prior to) Dee				d Poll	
2 Har	ve you previously applie	d to the TIV	X/T9	5. If answer to question	4 ic v	vec nle	ase state the follo	owing:					
l		a to the U	W1:	a) Identification Number						d) Campus			
	Yes			a) Identification Number			b) From (year)	c) 10 (yea	ai)	u) Campus	•		
4. Hay	e you previously been a	student at	t the UWI?	e) Programme									
l	Yes \square No			e) Frogramme									
		/G /DO 3	<u> </u>		la \	3.7.111			A(C)	/DO D			
6. a) Pe	rmanent Address: Apt	/Street/PO	Box		/.a)	Mailii	ng Address (if diffe	erent from 6):	Apt/S	treet/PO Box			
City	/Town/Post Office/Post of	Office Pa	arish/County	City/Town/P			own/Post Office	n/Post Office Parish/County					
Stat	State Zip/Postal Code Country		Country			State Z		Zip/Postal Code		Country			
b) Nan	ne of Contact (if any)		b) Name			ame of Contact (if any)		c) A	Active Dates (if applicable)				
					Fr/ To/								
8. Home/Permanent Phone							9. Mailing Address Phone						
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10. Cell	Phone	11. Work Phone											
(12 F) N	-			12	(E•)	-			Ext:		
12. Fax	Number				13.	Emai	Address						
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	Single	☐ Marrie	d I	Common Law	10. 1	Kengk	n, Denomination						
	Legally Separated		ed [Widowed	<u></u>		i a	1 \ 2			1.5	, .	
19. Cou	ntry of Birth/National	of		20. Country of Citizen	ship		2	1. a) Coun t	try of B	Residence	b) Duration	(yrs.)	
22. a) D	o you have a disability?	(This inform	ation is needed in	n case special facilities are requi	red)	b) I	f yes, please speci	ify					
	Yes		l _{No}										
			!	SECTION B – CAMPUS	. FAC	CULT	Y & COURSES						
23. Per	iod of Study	24. Level		25. Campus		26. Fa				27. Applicar	nt Type		
	Academic Year		1 .				Engineering			Па.	1 4 1		
	Semester I	☐ Graduate ☐ Cave Hill			☐ Gender & Development Studie			ies	☐ Special Admission				
	Semester II	☐ Un	dergraduate	☐ Mona			Humanities & Edi	-		☐ Occas	sional		
_							Law						
	Summer			☐ St. Augustine			Medical Sciences			☐ Excha	ange		
Even a - 4	ad Admission data			☐ UWIDEC	☐ Pure & Applied Science			ciences	☐ Study Abroad				
Expected Admission date Description of the content of the conte													
/						Social Sciences	-						
		1		1	- 1					1			

Semester	Course	es you wish to take	at the U		Course Title				[Official Use Only]	
Schiester	Code				Course True			•	Signature of Department Head	Alternative
									(where necessary)	Course
b) Pleas	se list alternativ	e courses in the ev	ent that t	hose list	ted above are	not a	vailable in the semester	which	you indicated.	
								•		•
29. Propose	d Area of Resea	rch (Graduate Le	vel Applio	cants on	ly)					
30. a) Are y o	ou a UWI Staff	Member?	Yes		No	31. a)) Are you a dependent o	of a UV	VI Staff Member?	□ No
If yes,	state:						If yes, state:			
b) Stoff	Identification N	ımbarı				h)) Name of Staff Member:			
u) Stair	identification in	umber:				0)) Ivallie of Staff Melliber.	. –		
c) Camp	ous:					c)	Relationship to applicar	nt: _		
d) Damas						/t.	Communication			
d) Depar	rument:					(a)) Campus:	_		
						e)	Department:	_		
		a Hall of Residen	ce?	b) If y	es, state Hall			c)]	If no, state preference for Hall attack	nment
(see Ins	truction)	□ Yes □	l No							
33 How did		ormation about the								
UWI		Direct Mail		□ E ₁	mployer		☐ Inte	rnet	☐ Media	
☐ Scho	ol/College Fair	☐ School Visit			ther : Please sp	pecify	<i></i>			
				SE	ECTION C =	ACAI	DEMIC RECORD			
34. Please lis	st educational i	nstitutions attende	d and any					eginnin	g with the most recent.	
	titution Name &		Fre		То		Type of Programme		Subject Area/Major	Class of
			(mm/y		(mm/yyyy	y)	(e.g. Cert/Dip/Deg)		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Award/GPA
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		CXC (CSEC	C) Genera	l Proficiency a		dinary Level subj	ects passed			
Examining Body (e.g.	Level				Subject	t			Grade	Date Awarde
CXC, Cambridge)										(mm/yyyy)
	CXC (CA	PE) Unit 1 &	Unit 2 ar	nd GCSE Adv	anced Subsidi	ary & Advanced	Level subjec	ets passed		
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7. Expected Source of Fu	_			TION D – FI	IANCIAL RE		☐ Institu	ution of O	rigin	
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41. N	ame Two Referees (Excl	hange applicants only		REFERI	EE INFORMATION						
	ame of Referee	mige uppricams only	,	b)	Name of Referee						
N	Name of Organization Position Address: Apt/Street/PO Box				Name of Organization						
P					Position						
A					Address: Apt/Street/	PO Box					
Gi. III. D. 100											
C	City/Town/Post Office Parish/County			City/Town/Post Office			Parish/County				
S	tate	e Zip/Postal Code Country			State	Zip/Posta	l Code	Country			
P	Phone				Phone						
()	-	Ext:		()	-		Ext:			
b	efore registration unless a		itutional arrangement mak	xes this ur	nnecessary.			I am required to pay all fees			
Sign	ature of Applicant			1	Date (dd/mm/yyyy)						
			FOR O	FFICIAL	USE ONLY						
Doc	uments Received Application Fee	Receipt no.:		C	riginal Documents Retu	rned					
	Birth Certificate										
	Marriage Certificate										
	Deed Poll							/ /			
	Transcripts			S	ignature of University O	fficer]	Date (dd/mm/yyyy)			
	CXC/GCE Certificates										
	Referee Reports										
	Other (specify):										
	Approved	□ Not A	pproved								
	Dean or Nominee/ Can	anus Coordinator		_ F	Date (dd/mm/yyyy)						
Com	ments	npus Coordinator		1	(ud/IIIII/yyyy)						

NS

Non Sponsored Contributing

Non-Contributing NC

OFFICIAL ASSESSMENT:

Sponsored Contributing