THE UNIVERSITY OF THE WEST INDIES ST. AUGUSTINE FACULTY OF HUMANITIES AND EDUCATION

DECLARATION OF MAJOR/MINOR FORM

FILL AS APPLICABLE

SURNAME:	
	(BLOCK LETTERS)
OTHER NAME	/S :
	(BLOCK LETTERS)
STUDENT I.D.	NO.:
MAJOR/SPECI IN WHICH REC	ALISATION GISTERED:
OTHER MAJO	R BEING COMPLETED:
OR	
MINOR(S):	(1)
	(2)
SIGNATURE: .	DATE:
TEL:	EMAIL:
	FOR OFFICIAL USE ONLY
APPROVED/DI	ENIED BY:
DATE:	