



THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE

FOR OFFICIAL USE ONLY

STUDENT ID#: _____

Suspended [] Pushed [] Not Pushed []

UNDERGRADUATE CONFIRMATION RECEIPT

IMPORTANT NOTICE:

Please Print, Sign and Submit this page with ALL required Supporting Documents to the Admissions Office

Name (BLOCK) _____ Login ID _____

First Choice: Programme _____

Second Choice: Programme _____

Third Choice Programme _____

Fourth Choice Programme _____

The following documents are required. Please ensure that you submit these documents along with this signed page.

- ☐ Undergraduate Confirmation Receipt – COMPULSORY for ALL online applicants.
- ☐ Application Processing Fee Receipt COMPLUSORY for ALL applicants (Bank Draft/Cheque in US \$ or EC \$)
Cheques should be made to ‘ The University of the West Indies’
- ☐ Birth Certificate
- ☐ Marriage Certificate
- ☐ Legal Affidavit or Deed Poll (If present name is different from that on the Birth Certificate)
- ☐ Academic Certificates
- ☐ Professional Certificate/Diploma
- ☐ Official Transcript (this does NOT apply to High/Secondary School students in Trinidad & Tobago)
- ☐ Autobiographical Statement (300 Words) – COMPULSORY for ALL applicants to the Faculty of Medical Sciences.
- ☐ TOEFL Examination Score (If English is not your native language) Score of 500 or greater
- ☐ The University of Cambridge IELTS (If English is not your native language) Score of 6.5 or greater
- ☐ Supplemental Sheet I (Applicants to BSc Nursing Specializations , BSc Human Ecology)
- ☐ Supplemental Sheet II - Non Academic criteria for selection to the Faculty of Medical Sciences- MB.BS. DDS & DVM Programmes ONLY
- ☐ Supplemental Sheet III - Employee and Referee Information (Applicants to Certificate, Diploma, Evening University Programmes and BEd Applicants)
- ☐ Police Certificate of Character (ECCD Applicants only)
- ☐ Other (please specify) _____

DECLARATION

I hereby certify that I have read and understood the instructions and the information necessary for completing this application and that all statements made are true and complete. I accept that the University reserves the right to reject this application if the information submitted in its support is based in whole or in part on deception or fraud.

Signature of Applicant

_____/_____/_____
Date (dd/mm/yyyy)

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OUTSTANDING DOCUMENT(S)

- | | | |
|---|---|---|
| <input type="checkbox"/> Official Transcript | <input type="checkbox"/> CAPE Unit I Certificate | <input type="checkbox"/> CAPE Unit II Certificate |
| <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Autobiographical Statement |
| <input type="checkbox"/> Supplemental Sheet I | <input type="checkbox"/> Supplemental Sheet II | <input type="checkbox"/> Supplemental Sheet III |
| <input type="checkbox"/> Detailed Work Experience History | <input type="checkbox"/> CSEC/GCE O’Level Certificate | <input type="checkbox"/> Application Processing Fee |
| <input type="checkbox"/> GCE A’Level Certificate | <input type="checkbox"/> Passport | <input type="checkbox"/> Other: _____ |

Documents Received By: _____

Date: _____

STATUS: ☐ Full-time ☐ Part-time ☐ Evening

Appl. Proc. Fee Receipt No: _____