The University of the West Indies

Distance Education Centre - St. Augustine

Confirmation Receipt

Name (please print):_____ **Programme of 1st Choice**:_____

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

- ☐ Birth Certificate
- ☐ Marriage Certificate (where applicable).
- ☐ Legal Affidavit or Deed Poll if present name is different from that on the Birth Certificate
- ☐ Academic Certificates (GCE, CXC (CAPE), CXC (CSEC)). GCE/CXC (CSEC/CAPE) Grade Slips (Accepted Only in cases where certificates are not yet available)
- ☐ Professional Certificate/Diploma
- ☐ Official transcripts [sent directly from granting Institution].
- ☐ Autobiographical Statement (200 words)-Faculty of Medical Sciences –Mandatory
- ☐ TOEFL Examination Score (if English is not native language). TOEFL Score of 500 or greater.
- ☐ Supplemental Sheet 1 (if you are due to write examinations or are awaiting examination results)
- ☐ Supplemental Sheet 2 - Employment and Referee Information
- ☐ Supplemental Sheet 3 - Site
- ☐ 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 intend to provide such fees as may be payable to the University. I understand that otherwise my admission to or registration in the University may be revoked.

_____ _____/_____/_____
Signature of Applicant Date (dd/mm/yyyy)

FOR OFFICIAL USE ONLY

OFFICIAL ASSESSMENT

Undergraduate applicants only:

Qualified ☐ D ☐ A ☐ O ☐ AU

Other Qualifications ☐ X Qualifying ☐ F ☐ QA ☐ OU ☐ QO

Refer for decision re Matriculation ☐ M Not Qualified ☐ U Re-entry ☐ R

Sponsored Contributing ☐ S Non Sponsored Contributing ☐ NS Non-Contributing ☐ NC

_____ _____/_____/_____
Signature of University Officer Date (dd/mm/yyyy)