THE UNIVERSITY OF THE WEST INDIES

ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES

FACULTY OF SOCIAL SCIENCES

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STUDENT REQUEST FORM

REQUEST FOR: ☐ **Transfer of Course Work** ☐ **Other: _____**
☐ **Administrative Registration**
☐ **Rescind Required to Withdraw**
☐ **Change of Major/Option**

DATE: _____

TO: Dean, Faculty of Social Sciences

FROM: _____ STUDENT I.D. # _____
(SURNAME) (FIRST NAME)

FACULTY: _____

MAJOR: _____ ☐ Full Time ☐ Evening

E-MAIL: _____ TELEPHONE #: _____

DETAILS:

Student Signature: