



# THE UNIVERSITY OF THE WEST INDIES

ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES

## INTERNATIONAL OFFICE

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### CARIBBEAN INTEGRATION PROJECT APPLICATION FORM

#### Instructions

Please complete pages 1-3 of the application form in duplicate and return to the Coordinator, Caribbean Integration Project, International Office, UWI, St. Augustine, Trinidad and Tobago no later than:

- **March 1**, for the academic year or first semester
- **October 1**, for the second semester

Application for Academic Year 20 – 20    

Semester I     Semester II     Semesters I & II

#### Host Campus

Cave Hill     Mona

Please attach  
photo here

#### 1. PERSONAL INFORMATION

Title \_\_\_\_\_  Male     Female

Surname \_\_\_\_\_

First name \_\_\_\_\_

Permanent/Home address \_\_\_\_\_

\_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

\_\_\_\_\_

Telephone (cell) \_\_\_\_\_ (home) \_\_\_\_\_

Email address \_\_\_\_\_ Fax \_\_\_\_\_

Date of birth (dd/mm/yy) \_\_\_\_\_ Country of birth \_\_\_\_\_

Nationality \_\_\_\_\_ Marital status \_\_\_\_\_

Student name: \_\_\_\_\_

Next of kin (In case of emergency)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone (cell) \_\_\_\_\_ (other) \_\_\_\_\_

Email address \_\_\_\_\_ Fax \_\_\_\_\_

**2. ACADEMIC INFORMATION**

UWI student ID number \_\_\_\_\_

Degree programme currently enrolled in \_\_\_\_\_

Date of commencement (mmm/yy) \_\_\_\_\_

Expected date of completion (mmm/yy) \_\_\_\_\_

**3. WHY DO YOU WISH TO BE PART OF THE CARIBBEAN INTEGRATION PROJECT?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. WHY HAVE YOU CHOSEN THE CAVE HILL / MONA CAMPUS?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student name: \_\_\_\_\_

**5 (a) COURSES FOR WHICH YOU WISH TO ENROL**

**Course code    Course title**

**Semester I**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Semester II**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**5 (b) PLEASE INDICATE COURSES OF SECOND CHOICE IN THE EVENT THAT THOSE LISTED IN 5(a) ARE NOT AVAILABLE IN THE SEMESTER(S) FOR WHICH YOU ARE ADMITTED**

**Course code    Course title**

**Semester I**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Semester II**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I certify that I have read and understood the instructions and the information necessary for completing this application and that all of the information given in this application is true and correct:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Student name: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**APPROVAL OF HEAD OF DEPARTMENT / ACADEMIC ADVISOR**

I hereby certify that this student has been advised to take the courses listed in

5(a)       5(b)       5(a) and 5(b)

and has met all course pre-requisites.

\_\_\_\_\_  
Head of Department / Academic Advisor

\_\_\_\_\_  
Date

**APPROVAL OF DEAN**

I hereby grant approval for this student to participate in the Caribbean Integration Project and pursue the courses listed above.

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

**APPROVAL OF INTERNATIONAL OFFICE**

This application has been reviewed and approved by the International Office at UWI St. Augustine.

\_\_\_\_\_  
Head of International Office

\_\_\_\_\_  
Date