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| C:\Users\eferreira\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.MSO\B2BFC2EF.jpg  THE UNIVERSITY OF THE WEST INDIES  ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES  **OFFICE OF INSTITUTIONAL ADVANCEMENT AND INTERNATIONALISATION**  Tel: (868) 224 3708 or (868) 662-2002 Ext.85010  Email Address: outgoing.mobility@sta.uwi.edu |
| |  |  | | --- | --- | | **APPLICATION FOR INTERCAMPUS STUDENT EXCHANGE** | | | please answer all questions - only completed applications  with attachments will  be considered | | | *Copy of your Official Transcript* | *A passport size photo* | | *Copy of Passport Bio-data Page* | | *One (1) page Letter of Intent* | | *Signed Course Enrolment Form Approved by Dean or Rep.* | | *Status Letter from UWI Admissions* | | **Section 1** | | | UWI Student ID Number:  Click here to enter text. | Drivers Permit or National ID Number:  Click here to enter text. | | Surname:  Click here to enter text. | Other Names:  Click here to enter text. | | Date of Birth:  Click here to enter text. | Email Address:  Click here to enter text. | | Mailing Address:  Click here to enter text. | Home Address (if different from Mailing Address):  Click here to enter text. | | Home Phone:  Click here to enter text. | Mobile Phone:  Click here to enter text. |      |  | | --- | | **Section 2** | | WHAT PERIOD DO YOU WANT TO SPEND ABROAD:     SEMESTER 1   SEMESTER 2   ACADEMIC YEAR | | I wish to attend the following University/Campus: Click here to enter text. | | In the Faculty/School of: Click here to enter text. | | I am currently enrolled at the St. Augustine Campus in the Faculty of: Click here to enter text. | | Pursuing the following programme: Click here to enter text. | | Briefly state reason why you are applying for Exchange: Click here to enter text. |      |  |  | | --- | --- | | **Section 3** | | | Signature (insert signature image): | Application Submission Date: Click here to enter a date. |  |  |  | | --- | --- | |  |  | |

**END**

**IMPORTANT INSTRUCTIONS**

Once all fields have been completed in detail, please save to your computer and email as an attachment along with **all** other attachments listed at the top of the application to: [outgoing.mobility@sta.uwi.edu](mailto:outgoing.mobility@sta.uwi.edu)



THE UNIVERSITY OF THE WEST INDIES

ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES

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**INTERCAMPUS EXCHANGE COURSE ENROLLMENT FORM**

**Application Form**

**Please complete and send as attachment to your Application**

SURNAME (BLOCK CAPITALS) Click here to enter text. OTHER NAMES Click here to enter text.

UWI STUDENT ID NUMBER: Click here to enter text.

**COURSES FOR WHICH YOU WISH TO BE ENROLLED (**Please note that for your lecturers to make an informed decision, they require the course description of the Host Institution’s courses you wish to take**):**

**STUDENTS – PLEASE COMPLETE THE FILLABLE FIELDS ABOVE AND IN THE TABLES BELOW AND PRINT FOR SIGNING, APPROVAL AND COMMENTS**

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| **SEMESTER** | **UWI COURSES ST AUGUSTINE** | **HOST INSTITUION COURSES** | **LECTURER'S SIGNATURE** |
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### **ALTERNATE COURSES IN THE EVENT THAT THOSE LISTED ABOVE ARE NOT AVAILABLE**

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| **SEMESTER** | **UWI COURSES ST AUGUSTINE** | **HOST INSTITUION COURSES** | **LECTURER'S SIGNATURE** |
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**FOR OFFICIAL USE BY FACULTY/DEPARTMENT ONLY**

I RECOMMEND THAT THE APPLICANT BE PERMITTED TO SPEND

**SEMESTER I SEMESTER 2 ACADEMIC YEAR**

AT THE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CAMPUS AND CONFIRM THAT THE COURSES TO BE FOLLOWED WILL BE ACCEPTED FOR CREDIT TOWARDS THE DEGREE FOR WHICH HE/SHE IS REGISTERED.

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Head of Department/Programme Coordinator (Signature)

TELEPHONE CONTACT: TELEPHONE CONTACT:

I APPROVE I DO NOT APPROVE

COMMENTS BY DEAN/DEAN REPRESENTATIVE:

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Dean/Dean Representative (Signature)