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| C:\Users\eferreira\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.MSO\B2BFC2EF.jpgTHE 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 |
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| **APPLICATION FOR POSTGRADUATE RESEARCH** |
| 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*  |
| [ ] *Status Letter from UWI Admissions* |
| [ ] *Letter of Support from HOD/Supervisor*[ ] *Letter of Invitation (Visiting researchers only.)* |
| **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. |

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| **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. |

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| **Section 3** |
| Signature (insert signature image): | Application Submission Date: Click here to enter a date. |

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**SECTION C: STUDENT EXCHANGE / STUDY ABROAD**

EXPLAIN WHAT IS MOTIVATING YOU TO PURSUE THIS INTERNATIONAL RESEARCH OPPORTUNITY? (PERSONAL AND OTHER)

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WHAT ARE YOUR ACADEMIC GOALS?

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**SECTION D: EMERGENCY CONTACT**

LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section E: SPECIAL NEEDS**

Please identify any special needs you may have: (in order for the host institution has appropriate facilities / services to accommodate)

□ Physical disability □ Learning disability □ other

Details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Section F: SUMMARY OF RESEARCH (extracted from approved research proposal)**

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NAME OF RESEARCH SUPERVISOR\*\* SIGNATURE OF RESEARCH SUPERVISOR

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF RESEARCH SUPERVISOR SIGNATURE OF RESEARCH SUPERVISOR

(JOINT/CO) (JOINT/CO)

\*\* If you have more than one supervisor please ensure that both supervisors sign

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF HOD/ PROGRAMME COORDINATOR

SIGNATURE HOD/ PROGRAMME COORDINATOR

**Please indicate if you recommend this student for this student exchange /study abroad opportunity.**

I recommended / do not recommended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to conduct research abroad. **NAME OF STUDENT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEAN / DEAN REPRESENTATIVE NAME DEAN / DEAN REPRESENTATIVE SIGNATURE**

\*By recommending this student for student exchange/study abroad, the Faculty hereby confirms that the research completed whilst on student exchange/study abroad will be accepted as part of the student’s UWI research programme of study.

**Please read carefully**

* **I confirm that the information provided in this application (including attached forms and documents) is accurate.**
* **I understand that I am not required to participate in an exchange program in order to complete the requirements of academic program at UWI. I do so voluntarily.**
* **I understand that during my exchange program I must remain a full time registered fee paying student at UWI, St Augustine with all rights and responsibilities that entails.**
* **It is my responsibility to ensure that courses taken at the host institution complies with home faculty regulations at The UWI.**
* **I understand that my courses must be approved by my faculty and any change in courses must be approved by faculty and the International Office be notified (preferably prior to departure).**
* **I agree that in the event that I am required to withdraw from the exchange program, or the exchange program is modified or cancelled. The UWI is not responsible for any delay in completion of my academic program.**
* **I understand that the final decision on my application will be made by the host institution.**
* **I consent to the disclosure by UWI of my personal and academic information to the host institution.**
* I **acknowledge that I have read and understood, in its entirety, the UWI eligibility criteria to take part in an academic exchange program available** [www.sta.uwi.edu/international](http://www.sta.uwi.edu/international)

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**STUDENT‘S SIGNATURE DATE**

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**FOR OFFICIAL USE ONLY**

**□ APPROVED □ NOT APPROVED**

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**DIRECTOR DATE**

**INTERNATIONAL OFFICE**