THE UNIVERSITY OF THE WEST INDIES

ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES

STUDENT AFFAIRS (ADMISSIONS)

• Telephone: (868) 662-2002 Ext. 2154/2157/3012 • Fax 663-9684 • Email admis@admin.uwi.tt

APPLICATION FORM FOR VISITING STUDENTS
ACADEMIC EXCHANGE/STUDY ABROAD PROGRAMME

Notes and Instructions

Application forms should be completed in duplicate and returned to the Assistant Registrar (Admissions), Office of the Registrar, UWI, St. Augustine, Trinidad and Tobago, West Indies no later than **March 31,** for one academic year or for the First Semester, and **October 01,** for the Second Semester only.

Applications should be sent through your Head of Department via your University's International Office. To be processed, the application must be accompanied by:

a. An up-to-date official *transcript
b. A statement of intent: plan of study or research (for graduate students)
c. Two (2) academic *references from your University
d. A Letter of support from your Head of Department
e. The Dean's approval
f. One (1) Passport Photograph

* *Transcript and references should be sent directly to Assistant Registrar, Student Affairs Admissions). References and transcripts should be submitted in a sealed envelope.*

APPLICATION FOR ACADEMIC YEAR: _____ Semester I ☐ **Semester II** ☐
[Aug-Dec] [Jan-May]

1. PERSONAL INFORMATION **Male** **Female**

SURNAME:_____

FIRST NAME:_____

OTHER NAMES: _____

PERMANENT/HOME ADDRESS:_____

_____

CORRESPONDING ADDRESS [if different]:

_____

_____

TEL. NO. (Home):_____ **{During Semester}:**_____

E-Mail Address: _____ **FAX NO.:**_____

DATE OF BIRTH:_____ **COUNTRY OF BIRTH:**_____

NATIONALITY:_____**MARITAL STATUS:** _____

NEXT OF KIN (In case of Emergency)

NAME:_____

ADDRESS:_____

_____

TEL. NO. (Home):_____
(Work):_____

E-Mail Address: _____ **FAX NO.:**_____

2. ACADEMIC INFORMATION

HOME UNIVERSITY: ……

LEVEL OF STUDY: Undergraduate ☐ **Graduate** ☐

DEGREE/DIPLOMA BEING PURSUED:……..

OPTION:…… **MAJOR/MINOR:**……..……

DATE OF COMMENCEMENT: ……..

EXPECTED DATE OF COMPLETION:……..……..

3. PROPOSED PROGRAMME OF STUDY AT UWI

PROPOSED AREA OF RESEARCH (Graduate Students Only):

……

……

……..

3 (a) COURSES FOR WHICH YOU WISH TO ENROL

FACULTY	COURSE CODE	NAME OF COURSE
……		
……		
……...	……	
……		
……		
……		
……		

3 (b) PLEASE INDICATE COURSES OF SECOND CHOICE IN THE EVENT THAT THOSE LISTED IN 3(a) ARE NOT AVAILABLE IN THE SEMESTER FOR WHICH YOU ARE ADMITTED:

FACULTY	COURSE CODE	NAME OF COURSE
……		
……		
……		

4. RESIDENCE (State your Preference)

Hall of Residence ☐ **Off-Campus Housing** ☐

5. REFERENCES

Please give the names and addresses of two referees. At least ONE of them should be in close contact with your recent academic work. References should be submitted in sealed envelopes.

NAME: …… NAME: ……

POSITION: …… POSITION: ……

ADDRESS: …… ADDRESS: ……

…… ……

…… ……

…… ……

TEL. No. …… TEL No……

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:……

FOR OFFICIAL USE ONLY

TO: Dean of Faculty/Head of Department

I have assessed the application:

[ ] I accept the applicant for the courses listed

Section 3 _____
Signature of Dean/nominee

☑ Section 3 (a) _____
Signature of Dean/Nominee

☑ Section 3 (b) _____
Signature of Dean/Nominee

[ ] These courses are not being offered in Semester I / II of the _____ academic year.

Suggested replacement course/s in:

Semester I

_____

_____

Semester II

_____

_____

[ ] I do not accept the applicant

COMMENTS:
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The Registry
St. Augustine
2003-04-07