

THE UNIVERSITY OF THE WEST INDIES

ST. AUGUSTINE

PLEASE PRINT
LEGIBLY

CHANGE IN REGISTRATION

THE POST GRADUATE SECTION, STUDENT AFFAIRS, REGISTRAR'S OFFICE

STUDENT NO.

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SURNAME

FIRST NAME

OTHER NAMES

DEGREE OR DIPLOMA _____

FACULTY _____

DROP IDENTIFY THE COURSE YOU HAVE CEASED TO READ BY NUMBER AND TITLE

COURSE NO. TITLE

ADD IDENTIFY THE COURSE YOU WISH TO ADD BY NUMBER AND TITLE

COURSE NO. TITLE

PLEASE COMPLETE WHERE APPLICABLE

CHANGE IN STUDENT STATUS:

FULL TIME TO PART TIME

PART TIME TO FULL TIME

CHANGE IN REGISTRATION

M PHIL TO PhD

DATE

SIGNATURE OF STUDENT

SIGNATURE OF HEAD OF DEPARTMENT

PLEASE COMPLETE FORM IN QUADRUPLICATE