INTERNATIONAL OFFICE
THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES
Outgoing Student Exchange / Study Abroad

Application Form
Please complete in BLOCK LETTERS and include unofficial student transcript

SECTION A: PERSONAL INFORMATION

LAST NAME: ___________________________________ FIRST NAME: _______________________________

DATE OF BIRTH: ______________________ PLACE OF BIRTH: _________________________________

NATIONALITY: ________________________ TELEPHONE CONTACT/S: _____________________________

EMAIL ADDRESS: ____________________________________________________________

MAILING ADDRESS: _______________________________________________________________________


SECTION B: STUDENT INFORMATION

STUDENT ID NUMBER: _______________________ DEGREE: _______________________________________

FACULTY: ________________________________ STATUS: □ FULL TIME □ OTHER ________________

YEAR: _____________________ YEAR EXPECTED TO GRADUATE: _______________________________

SECTION C:

HOW LONG DO YOU WANT TO STUDY ABROAD: □ SEMESTER I □ SEMESTER II □ ACADEMIC YEAR

EXPLAIN WHAT IS MOTIVATING YOU TO STUDY ABROAD?

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________
WHAT DO YOU EXPECT TO GET OUT OF THIS EXPERIENCE? (PERSONAL & ACADEMIC)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

PRIORITY HOST INSTITUTION WHICH INSTITUTION WOULD YOU LIKE ATTEND?
Choice 1 _________________________________
Choice 2__________________________________
Choice3___________________________________

SECTION D: EMERGENCY CONTACT

LAST NAME:_________________________________ FIRST NAME:________________________________
RELATIONSHIP:____________________________ TELEPHONE CONTACT/S:__________________________
EMAIL ADDRESS:_________________________________________________________________________
MAILING ADDRESS:_______________________________________________________________________

SECTION E: DEAN/ HOD APPROVAL

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

I recommended / do not recommended ____________________________ NAME OF STUDENT
for a student exchange/ study abroad.

_____________________________________                                   ________________________________
SIGNATURE OF DEAN / HOD       NAME OF DEAN/ HOD
Section F: SPECIAL NEEDS

Please identify any special needs you may have:

□ Physical disability       □ Learning disability       □ Other

Details:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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 student at UWI with all rights and responsibilities that entails.

It is my responsibility to ensure that courses taken at host institution comply with my faculty regulations.

Courses must be approved by my faculty and any change in courses must be approved by faculty and the International Office be notified.

I agree that in the event that I am required to withdraw from the exchange program, or the exchange program is modified or cancelled. 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 eligibility criteria to take part in an academic exchange program available www.sta.uwi.edu/international

_____________________________________________________________________________________
_____________________________________________________________________________________

STUDENT’S SIGNATURE ___________________________ DATE ___________________________

FOR OFFICIAL USE ONLY

□ APPROVED       □ NOT APPROVED

_____________________________
DIRECTOR
INTERNATIONAL OFFICE

OTHER COMMENTS:

_____________________________________________________________________________________
_____________________________________________________________________________________

3
NAME: ___________________________________  ID#: _____________________________

TEL: ________________________________

Course Selection

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<th>UWI COURSES ST AUGUSTINE</th>
<th>HOST INSTITUTION COURSES</th>
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______________________________  _______________________________
LECTURER SIGNATURE            LECTURER NAME

______________________________
LECTURER TELEPHONE CONTACT

______________________________
DATE