



**THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE
OFFICE OF THE CAMPUS REGISTRAR
STUDENT AFFAIRS (ADMISSIONS)**

REQUEST FOR VISA LETTER

NAME _____ PLEASE PRINT		Student I.D. No.:
TO: Assistant Registrar Student Affairs (Admissions)		DATE:
Faculty/School: (Please tick) <input type="checkbox"/> AGRICULTURE <input type="checkbox"/> EDUCATION <input type="checkbox"/> ENGINEERING <input type="checkbox"/> HUMANITIES <input type="checkbox"/> LAW <input type="checkbox"/> MEDICAL SCIENCES <input type="checkbox"/> SCIENCE <input type="checkbox"/> SOCIAL SCIENCES		
Programme:		Year:
Embassy/Consulate: <input type="checkbox"/> American <input type="checkbox"/> Canadian <input type="checkbox"/> Other (Please state name)		
Passport No.:	Country of Issue:	When traveling:
Please note that you are required to bring in your passport to the Student Affairs (Admissions) Office for verification of the passport number		
Address of Host:		

Notes:

1. Visa letters are **not issued** to students in their final year of study or to part-time/evening university students.
2. Letters can be collected from the Student Affairs (Admissions) Office **two (2) working days** from drop-off date.