The University of the West Indies
St. Augustine
Undergraduate Confirmation Receipt

IMPORTANT NOTICE: Please Print, Sign and Submit this PAGE with Supporting Documents

Name (PLEASE PRINT):_________________________ Web ID:_________________________

Programme of 1st Choice:________________________________________________________________________

Programme of 2nd Choice:________________________________________________________________________

Programme of 3rd Choice:________________________________________________________________________

Programme of 4th Choice:________________________________________________________________________

DOCUMENTS SUBMITTED: The following documents are required. Please ensure that you submit these
documents along with this signed page.

☐ Birth Certificate
☐ Marriage Certificate (where applicable)
☐ Legal Affidavit or Deed Poll if present name is different from that on the Birth Certificate
☐ Academic Certificates [GCE, CXC (CAPE), CXC (CSEC)]. GCE/CXC (CSEC/CAPE) Grade slips (accepted
    Only in cases where certificates are not yet available)
☐ Professional Certificate/Diploma
☐ Official transcripts [sent directly from granting Institutions; this does NOT apply to High/Secondary School
    students in Trinidad & Tobago]
☐ Autobiographical Statement (300 words) – Mandatory for Faculty of Medical Sciences
☐ TOEFL Examination score (If English is not native language). TOEFL score of 500 or greater
☐ Supplemental Sheet 1 [For Undergraduate applicants to BSc Nursing, BSc Human Ecology]
☐ Supplemental Sheet 2 Non-Academic Criteria for Selection to the Faculty of Medical Sciences – Mandatory
    for MB.BS. DDS & DVM Programmes ONLY
☐ Supplemental Sheet 3 – Employee and Referee Information (Mature Applicants, Certificate and Diploma
    Applicants)
☐ Other (please specify)________________________________________________________________________

DECLARATION
I hereby certify that I have read and understood the instructions and the information necessary for
completing this application and that all statements made are true and complete. I accept that the
University reserves the right to reject this application if the information submitted in its support is
based in whole or in part on deception or fraud.

_________________________________________ ___________________________/_________/_________
Signature of Applicant Date (dd/mm/yyyy)

FOR OFFICIAL USE ONLY

Outstanding

Documents

☐ Birth Certificate ☐ Marriage Certificate ☐ CAPE Unit I Certificate
☐ CAPE Unit II Certificate ☐ CSEC/GCE O’ Level Certificate ☐ GCE A-Level Certificate
☐ Official Transcript ☐ Autobiographical Statement ☐ Supplemental Sheet I
☐ Supplemental Sheet II ☐ Supplemental Sheet III ☐ Detailed Work Experience History
☐ Co-Curricular Form (FMS) ☐ Other ________________________________________________________

Documents Received By:

STATUS: ☐ Full-time ☐ Part-time ☐ Evening

OFFICIAL ASSESSMENT:

Qualified ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Other Qualifications ☐ ☐

Qualifying ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Not Qualified ☐ ☐ ☐ ☐ Re-Entry ☐ ☐

Refer for decision re Matriculation ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Sponsored Contributing ☐ ☐ ☐ ☐

Non Sponsored Contributing ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Non-Contributing ☐ ☐ ☐ ☐ TTNAT ☐ ☐

Signature of University Officer ___________________________/_________/_________
Date (dd/mm/yyyy)