



THE UNIVERSITY OF THE WEST INDIES  
ST. AUGUSTINE CAMPUS

APPLICATION FOR TRANSFER

INSTRUCTIONS

1. You are responsible for the accuracy of the information on this form.
2. Completed form to be forwarded (in PDF format) via email to: [admis@sta.uwi.edu](mailto:admis@sta.uwi.edu) using official UWI student email account no later than June 30.
3. Responses will be forwarded via email to the official UWI student email address ONLY.
4. Inter-campus transfer applications will not be processed if a student is not in good financial standing.

SECTION 1

STUDENT ID#: \_\_\_\_\_

Current Enrolment Status: Full Time  Part Time

I wish to transfer **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

Faculty: \_\_\_\_\_ FACULTY: \_\_\_\_\_

CAMPUS: \_\_\_\_\_ CAMPUS: \_\_\_\_\_

SECTION 2

SURNAME (Block Letters): \_\_\_\_\_ Mr.  Mrs.  Ms.

FIRST NAME (Block Letters): \_\_\_\_\_

ADDRESS (While at University): \_\_\_\_\_

\_\_\_\_\_

HOME ADDRESS/MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

SECTION 3

Date of Birth: \_\_\_\_\_ Sex: M  F

Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Marital Status: Single  Married  Divorced  Widowed

Religion: \_\_\_\_\_

SECTION 4 Please indicate the Programme of Study /Major you wish to pursue under the respective Faculty:

ENGINEERING:

\_\_\_\_\_

FOOD & AGRICULTURE:

\_\_\_\_\_

HUMANITIES & EDUCATION:

\_\_\_\_\_

LAW

MEDICAL SCIENCES:

\_\_\_\_\_

SCIENCE & TECHNOLOGY:

\_\_\_\_\_

SOCIAL SCIENCES:

\_\_\_\_\_

FACULTY OF SPORTS

\_\_\_\_\_

Students applying to transfer to the Faculty of Medical Sciences [MB.BS.,DDS, DVM] must submit Autobiographical Sketch and completed Supplemental forms.

**SECTION 5**

Briefly state reason why you are applying for transfer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**SECTION 6**

Date of Admission to U.W.I \_\_\_\_\_ Faculty of \_\_\_\_\_

UWI RECORD: See attached Academic Profile

\_\_\_\_\_  
*Assistant Registrar (Admissions)*

\_\_\_\_\_  
*Date*

**FOR OFFICAL USE ONLY**

I approve of the applicant \_\_\_\_\_

transferring from the Faculty of \_\_\_\_\_

at \_\_\_\_\_ Campus to Faculty of \_\_\_\_\_

at \_\_\_\_\_ Campus.

\_\_\_\_\_  
*Signature of Dean*

\_\_\_\_\_  
*Date*

I agree to accept the above applicant to the Faculty of \_\_\_\_\_

at the \_\_\_\_\_ Campus.

\_\_\_\_\_  
*Signature of Dean*

\_\_\_\_\_  
*Date*