



APPLICATION FOR TRANSFER

SECTION 1

Please TICK the appropriate boxes

UWI STUDENT REGISTRATION ID # \_\_\_\_\_

Present Enrolment Status: Full Time  Part Time  Evening

I wish to transfer **FROM:** Faculty: \_\_\_\_\_ **TO:** FACULTY: \_\_\_\_\_  
CAMPUS: \_\_\_\_\_ CAMPUS: \_\_\_\_\_

SECTION 2

SURNAME (Block Capitals) \_\_\_\_\_ Mr.  Mrs.  Ms.

OTHER NAMES (Block Capitals) \_\_\_\_\_

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

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

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ E mail Address \_\_\_\_\_

SECTION 3

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

Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Marital Status: Single  Married  Divorced  Widowed

Nationality: \_\_\_\_\_ Father's Nationality: \_\_\_\_\_

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: \_\_\_\_\_ SPORT-St. Augustine Academy of Sport

\* Students applying to transfer to the BSc Pharmacy programme must submit a letter of acceptance from the Pharmacy Board in their country of residence.

\* Students applying to transfer to the Faculty of Medical Sciences [MB.BS. ;DDS; DVM] must submit Autobiographical Sketch and completed Non-Academic Criteria for Selection Form.

SECTION 5 Period or periods during which you have been a student at The University of the West Indies.

FROM \_\_\_\_\_ TO \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

SECTION 6 Do you hold a scholarship or award? (TICK appropriate box) YES  NO

If the answer is YES, PLEASE NAME THE SCHOLARSHIP/AWARD

NB. Scholarship holders must seek the approval of their sponsors to change Faculty/Campus/Programme.

SECTION 7 Briefly state reason why you are applying for transfer.

\_\_\_\_\_  
\_\_\_\_\_

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

Date \_\_\_\_\_

NOTE: Students applying for Transfer to ALL faculties - must complete forms by June 30  
Students applying to transfer from one Campus to another must be in good financial standing before their application for transfer forms are forwarded to another campus.

**RECORD**

**SECTION A**

**1. SCHOOL RECORD OF EXAMINATIONS PASSED**

DATE	EXAMINING BODY	SUBJECT	LEVEL	RESULT	GRADE

**2. OTHER QUALIFICATIONS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. EMPLOYMENT RECORD**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR OFFICAL USE ONLY**

**4. BASIS OF ENTRY TO UNIVERSITY**

(i) Satisfied Matriculation requirements via

- (a) CSEC (CXC)/ G.C.E. Examinations
- (b) Professional Qualification
- (c) Other

<input type="checkbox"/>	CSEC (CXC)/ O' LEVEL ENTRY
<input type="checkbox"/>	CAPE (CXC)/ A-LEVEL ENTRY
<input type="checkbox"/>	OTHER QUALIFICATION

(ii) Assessed by Faculty Entrance Committee

**SECTION B**

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

UWI RECORD: See attached Academic Profile

Certified \_\_\_\_\_  
*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*

---

COMMENTS (if any)

---

---

---

---

---

---