



THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE, TRINIDAD AND TOBAGO
FACULTY OF HUMANITIES AND EDUCATION

POSTGRADUATE STUDENTS SUMMER REGISTRATION FORM

PERSONAL DETAILS

SURNAME: _____ OTHER NAMES: _____

Telephone No.: _____ Email address: _____

STUDENT STATUS

UWI ID#: _____

I am currently in the Faculty of _____, at the _____
_____ Campus, UWI, reading for the following Postgraduate programme _____

COURSE REGISTRATION

I wish to register for the following undergraduate course(s):

Course Code	Course Title	Approval of <u>your</u> Faculty Dean/Nominee

Signature of Student: _____ Date: _____

Approval of Dean, FHE: _____ Date: _____

For official use ONLY

PAYMENT OF FEES & OVERRIDE APPROVAL *(to be completed by Faculty of Humanities & Education)*

Payment receipt/slip received: _____ Date: _____

Override approved: Y N Signature of FHE Officer _____ Date: _____

Override completed on system *(Signature)*: _____ Date: _____