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A PERSONAL DETAILS

Surname _____ First Name _____
 Date of Birth _____ Sex Male Female
 Marital Status _____ Nationality _____
 Address _____
 Tel. Nos. Home _____ Cell _____
 Email address(es) (1) _____ (2) _____

B STUDENT STATUS & QUALIFICATIONS

UWI Students: Date of Entry _____ UWI ID# _____
 I am currently in the Faculty of _____
 Campus of _____ reading for the following degree/diploma/certificate

Non-UWI Students:

(a) Educational Qualifications (e.g. GCE O'level, CXC General, CAPE/A'Level)

Examining Body <small>(e.g. CXC, GCE)</small>	Level <small>(Gen/Unit 1)</small>	Year Taken	Subject	Grade

(b) Other Qualifications

C EMPLOYMENT (if applicable)

Name and Address of Employer _____
 Work Tel. No. _____ Occupation _____
 Number of years in present position _____

D COURSE REGISTRATION

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

No	Course Code	Course Title	Repeat Course (Y/N)

Signature of student _____ Date _____

E COURSE APPROVALS For official use ONLY

COURSE & OVERRIDE APPROVAL (to be completed by Faculty of Humanities & Education)

Courses Approved: _____ Signature _____ Date _____
 Courses Denied: _____ Reason: _____ Date _____
 Override Approved: Y N Remove Holds: Y N Signature _____ Date _____
 Type of Overrides given & completed on system _____ Signature: _____ Date _____