

THE UNIVERSITY OF THE WEST INDIES
ST AUGUSTINE
FACULTY OF SOCIAL SCIENCES
DECLARATION OF MINORS
FILL IN AS APPLICABLE

SURNAME:
(BLOCK LETTERS)

OTHER NAME / S
(BLOCK LETTERS)

STUDENT I.D. NO:

STATUS: (FULL-TIME, PART-TIME/EVENING)

TEL. CONTACT EMAIL:

MAJOR / SPECIALISATION
IN WHICH YOU ARE REGISTERED:.....

MINORS (1)

(2)

SIGNATURE: DATE:/...../.....

LAST COURSE (S) PURSUED: SEMESTER I [] SEMESTER II [] SUMMER []

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