



# THE UNIVERSITY OF THE WEST INDIES

ST. AUGUSTINE CAMPUS, TRINIDAD & TOBAGO W.I.

**OFFICE OF THE CAMPUS REGISTRAR**

**STUDENT AFFAIRS (ADMISSIONS)**

Phone: (868) 662-2002 Exts. 82154/82157/83012/84224 Fax: (868) 645 4611 Email: [admis@sta.uwi.edu](mailto:admis@sta.uwi.edu)

## CROSS-CAMPUS REGISTRATION FORM

*To be completed by non-UWI St. Augustine students who wish to register for courses offered at The UWI St. Augustine Campus as part of their degree requirements.*

*Students are required to submit the completed form (with Home/Current Campus approval) in PDF format via email to: [admis@sta.uwi.edu](mailto:admis@sta.uwi.edu)*

### STUDENT INFORMATION

UWI Home Campus	<input type="checkbox"/> Cave Hill	<input type="checkbox"/> Mona	<input type="checkbox"/> St Augustine
	<input type="checkbox"/> Five Islands		<input type="checkbox"/> Global
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time		
Faculty:	Programme of Study:		
UWI Student ID#:	Title [Mr./Mrs./Ms.]:		
Surname:	First Name:	Middle Name(s):	
Date of Birth (yyyy/mm/dd):	Country of Birth:		
Country of Citizenship:	Email Address:		
Home Address:			
Telephone Contact:			

### Semester I Courses (to be pursued at the St. Augustine Campus)

Course Code	Course Title

### Semester II/ Summer Courses (to be pursued at the St. Augustine Campus)

Course Code	Course Title

Student Signature:

Date:

### FOR OFFICIAL USE ONLY

#### HOME/CURRENT CAMPUS APPROVAL (Dean/Head of Department)

Name [BLOCK LETTERS]:	Title:
Signature:	Date:

#### ST. AUGUSTINE CAMPUS APPROVAL (Dean/Head of Department)

Name [BLOCK LETTERS]:	Title:
Signature:	Date: