



THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE CAMPUS

APPLICATION FOR TRANSFER

INSTRUCTIONS

1. You are responsible for the accuracy of the information on this form.
2. Completed form to be forwarded (in PDF format) via email to: admis@sta.uwi.edu using official UWI student email account.
3. Responses will be forwarded via email to the official UWI student email address ONLY.
4. Inter-campus transfer applications will not be processed if a student is not in good financial standing.

SECTION 1

STUDENT ID#: _____

Current Enrolment Status: Full Time Part Time

I wish to transfer **FROM:** _____ **TO:** _____

Faculty: _____ FACULTY: _____

CAMPUS: _____ CAMPUS: _____

SECTION 2

SURNAME (Block Letters): _____ Mr. Mrs. Ms.

FIRST NAME (Block Letters): _____

ADDRESS (While at University): _____

HOME ADDRESS/MAILING ADDRESS: _____

Telephone No: _____ Email Address: _____

SECTION 3

Date of Birth: _____ Sex: M F

Place of Birth: _____ Nationality: _____

Marital Status: Single Married Divorced Widowed

Religion: _____

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: _____ FACULTY OF SPORTS _____

Students applying to transfer to the Faculty of Medical Sciences [MB.BS.,DDS, DVM] must submit Autobiographical Sketch and completed Supplemental forms.

SECTION 5

Briefly state reason why you are applying for transfer: _____

Signature of Applicant

Date

SECTION 6

Date of Admission to U.W.I _____ Faculty of _____

UWI RECORD: See attached Academic Profile

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