



**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 no later than June 30.**
- 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