

THE UNIVERSITY OF THE WEST INDIES

ST. AUGUSTINE

APPLICATION FOR REFUND OF CAUTION MONEY

Please Read ALL Instructions Carefully

1. REQUIRED DEPARTMENT/SCHOOL AND FACULTY CLEARANCES (see link below for relevant email addresses)

FACULTY OF SCIENCE & TECHNOLOGY

FACULTY OF FOOD & AGRICULTURE

FACULTY OF MEDICAL SCIENCES

- From relevant Departments/Schools
- From respective Office of the Dean

FACULTY OF HUMANITIES & EDUCATION

FACULTY OF LAW

FACULTY OF SOCIAL SCIENCES

ACADEMY OF SPORT

- From respective Office of the Dean

FACULTY OF ENGINEERING

- (a) From Chief Technician in respective Department
- (b) From Chief/Senior Technician in the Computer Systems Laboratory (**not required for BSc. Geomatics**)
- (c) From Office of the Dean

List of Faculty emails: https://sta.uwi.edu/admissions/undergrad/faqs_tuition_fees.asp

2. LIBRARY CLEARANCE (Required by ALL students)

- Apply for Library clearance here: <https://libraries.sta.uwi.edu/libraryForms/view/5>
- Library clearance to be submitted with completed Form

3. SELECT ONE (1) OPTION FOR RECEIPT OF REFUND:

Mailed Cheque

Banking Transfer (ACH)
LOCAL (T&T) BANKS ONLY

Transfer to a New Programme

Address: _____

Bank Account #: _____

Bank Name: _____

Please include scanned top half of Bank Statement to verify the information above

4. FORWARD COMPLETED FORM AND LIBRARY CLEARANCE TO: cautionmoneyrefund@sta.uwi.edu FOR PROCESSING

Caution Money (minus any debts owed to the University) is normally refunded three (3) months after completion of course/programme of study OR withdrawal from the University, following submission of completed form.

NAME OF STUDENT: _____ STUDENT I.D. #: _____

 (BLOCK LETTERS)
 FACULTY: _____ UNDERGRADUATE POSTGRADUATE

FOR OFFICIAL USE

1. DEPARTMENT/ SCHOOL AND FACULTY CLEARANCES

DEPARTMENT OF: _____
 PLEASE **TICK** WHICH APPLIES:
 I certify that this student has no debts owing to my department.
 I certify that this student is **indebted** to my department as follows:
REASON: _____
 DATE: _____ SIGNED & STAMP: _____

 HEAD OF DEPARTMENT

DEPARTMENT OF: _____
 PLEASE **TICK** WHICH APPLIES:
 I certify that this student has no debts owing to my department.
 I certify that this student is **indebted** to my department as follows:
REASON: _____
 DATE: _____ SIGNED & STAMP: _____

 CHIEF ENGINEERING TECHNICIAN

DEPARTMENT OF: _____
 PLEASE **TICK** WHICH APPLIES:
 I certify that this student has no debts owing to my department.
 I certify that this student is **indebted** to my department as follows:
REASON: _____
 DATE: _____ SIGNED & STAMP: _____

 CHIEF/SENIOR TECHNICIAN, COMPUTER SYSTEMS
 LABORATORY

DEAN'S OFFICE: _____
 PLEASE **TICK** WHICH APPLIES:
 I certify that this student has no debts owing to my department.
 I certify that this student is **indebted** to my department as follows:
REASON: _____
 DATE: _____ SIGNED & STAMP _____

 (DEAN/ADMIN. ASSISTANT)

2. LIBRARY CLEARANCE

The clearance obtained from the Library to be submitted with completed Form. **See web link on cover page**