

THE UNIVERSITY OF THE WEST INDIES

ST. AUGUSTINE

APPLICATION FOR REFUND OF CAUTION MONEY

Caution money is normally refunded *three (3) months after completion of your course/programme of study* OR *withdrawal from The University on submission of the completed Form to the Admissions Office OR Office of Graduate Studies & Research, as applicable.*

Please read ALL instructions [SECTIONS A & B] carefully.

SECTION A: DEPARTMENTAL AND FACULTY CLEARANCES are required as follows:-

FACULTY OF SCIENCE & TECHNOLOGY

FACULTY OF FOOD & AGRICULTURE

- Clearances from relevant Departments are required for all students reading Laboratory subjects.
- Clearance is required also from the Office of the Dean.

FACULTY OF HUMANITIES & EDUCATION

FACULTY OF LAW

FACULTY OF SOCIAL SCIENCES

- All students reading programmes/courses in the above Faculties are required to obtain clearance from the Office of the Dean in their respective faculties.
- Students in the **School of Humanities** and the **Faculty of Law** are also required to obtain clearance from the Office of the Dean, Faculty of Social Sciences.

FACULTY OF ENGINEERING

1. **B.Sc. Engineering programmes:** Clearances are required from:
 - (a) The Chief Technician in your respective Department of the Faculty of Engineering
 - (b) The Chief/Senior Technician in the Computer Systems Laboratory.
 - (c) Dean/Administrative Assistant, Office of the Dean.
2. **B.Sc. Geomatics:** Clearance is required from the Chief Technician in the Department of Geomatics and Land Management ONLY.

FACULTY OF MEDICAL SCIENCES

- All students are required to obtain a clearance from the Dean's Office, Faculty of Medical Sciences.

SECTION B: LIBRARY CLEARANCE

- ALMA JORDAN LIBRARY (MAIN LIBRARY) CLEARANCE (Required by ALL students).
- EDUCATION LIBRARY CLEARANCE (Required by Education Students).
- LAW LIBRARY CLEARANCE (Required by Law Students).
- MEDICAL SCIENCES LIBRARY CLEARANCE (Required by Medical Sciences students).

The clearance obtained from the Library/Libraries should be attached to this Form.

STUDENTS *Please indicate whether you wish to collect the refund at the Cashier Bursary, UWI St. Augustine campus OR whether you wish to have it mailed to you at a stated address or transferred to a new programme. Indicate hereunder.*

I Will Collect

Please Mail to:

Transfer to a New Programme

NB. PLEASE COMPLETE THIS FORM AND FORWARD, AS APPLICABLE, TO THE STUDENT AFFAIRS (ADMISSIONS) OR OFFICE OF GRADUATE STUDIES AND RESEARCH, THE LLOYD BRAITHWAITE STUDENT ADMINISTRATION BUILDING, UWI, ST. AUGUSTINE CAMPUS FOR PROCESSING

Caution Money will not be refunded to graduating students until three (3) months after the completion of their course, and after all debts to the University have been cleared.

SECTION A: DEPARTMENTAL AND FACULTY CLEARANCES

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

(COMPLETE IN BLOCK LETTERS)

FACULTY: _____ UNDERGRADUATE POSTGRADUATE

FOR OFFICIAL USE

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: _____
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: _____
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

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: _____
(DEAN/ADMIN. ASSISTANT)

SECTION B: LIBRARY CLEARANCE

The clearance obtained from the Library/Libraries should be attached to this Form.