



THE UNIVERSITY OF THE WEST INDIES  
ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES  
STUDENT AFFAIRS (ADMISSIONS)

TELEPHONE: 1(868) 662-2002 ext. 82154/82157 FAX: 1 (868) 645-4611 E-mail: [admis@sta.uwi.edu](mailto:admis@sta.uwi.edu), web site: <http://www.sta.uwi.edu>

**UNDERGRADUATE STUDENTS STATUS LETTER / OFFER LETTER /OTHER  
REQUEST FORM**

**INFORMATION**

1. **Cost per copy of Status Letter/Offer Letter - TT\$30.00/US\$6.00. Additional Cost per copy for Fax TT\$30.00/ US\$6.00. Payable at The Cashier, Bursary.**
2. Cash, Cheques or International Money orders are accepted. Cheque/International money order payable to The University of the West Indies.
3. Processing Time: **2 working days** from drop off date.
4. **Rush/Same-day** request cost **TT\$60.00/US\$12.00. If requested before 12 noon letters will be ready by 4.00 pm.**
5. Requests **cannot** be processed if a student has any type of hold on his/her account eg. AR (Accounts Receivable), Immunization/Medical, Dean's/Registrar's Holds). **(Please contact Student Accounts, the Bursary at 662-2002 Exts. 83380/83381/83382/83379 to resolve Accounts Receivable holds prior to submission of request).**
6. Note: You are responsible for the accuracy of the information on this form. Please print clearly.
7. Letters can be collected from the Customer Service Representatives, The Lloyd Braithwaite Student Administration Building ***two (2) working days*** from the drop-off date.
8. **Please complete this form and return with receipt of payment to:  
The Customer Service Centre, The Lloyd Braithwaite Student Administration Building for processing.**

**REQUEST FOR:**  **STATUS LETTER**  **COPY OF OFFER LETTER**  **OTHER**

NAME: \_\_\_\_\_  
(SURNAME) (FIRST NAME) (MIDDLE INITIALS) (MR/Ms/MRS)

STUDENT I.D. NUMBER: \_\_\_\_\_ CONTACT No.: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_@my.uwi.edu

FACULTY: \_\_\_\_\_ PROGRAMME: \_\_\_\_\_

STATUS:  FULL-TIME  PART-TIME  EVENING  SUMMER

HOME/PERMANENT ADDRESS: \_\_\_\_\_

(City) (State) (Zip Code)

ACADEMIC YEAR/PERIOD \_\_\_\_\_ I would like to request \_\_\_\_\_ copy(s).

PROCESSING	TO OBTAIN
<input type="checkbox"/> Regular	<input type="checkbox"/> I will collect
<input type="checkbox"/> Rush/Same Day	<input type="checkbox"/> Please Fax to: _____ Fax No.: _____
<input type="checkbox"/> Mail /FAX To (Name & Address): _____ _____	

I authorize \_\_\_\_\_ to pick up my status letter(s)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

DATE PAID: \_\_\_\_\_

RECEIPT #: \_\_\_\_\_

DATE DISPATCHED: \_\_\_\_\_

AMT PAID: \_\_\_\_\_

DISPATCHED BY: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_