



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, 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 or any Republic Bank Branch or via online service** @ https://secure.touchnet.net/C24203_ustores/web/classic/store_main.jsp?STOREID=17&clearPreview=true&SINGLESTORE=true
2. Requests **cannot** be processed if a student is not financially cleared, 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).
3. **Note: You are responsible for the accuracy of the information on this form. Please print clearly.**
4. **Please allow 5-7 working days for processing.**
5. Letters can be collected from the Customer Service Representatives, The Lloyd Braithwaite Student Administration Building once the Stay at Home Order is lifted and the Campus has been re-opened to students and the public.
6. **Please complete this form and return with receipt/proof of payment to: admis@sta.uwi.edu**

REQUEST FOR: STATUS LETTER COPY OF OFFER LETTER OTHER
 IMMIGRATION GATE SCHOLARSHIP

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"/> Please Fax to: _____ Fax No.: _____
<input type="checkbox"/> Mail /FAX To (Name & Address): _____ _____	

I authorize _____ to Request and/or Collect my status letter(s)
(This person's ID will be checked)

SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY

DATE PAID: _____

RECEIPT #: _____

DATE DISPATCHED: _____

AMT PAID: _____

DISPATCHED BY: _____

RECEIVED BY: _____