



THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE
OFFICE OF THE CAMPUS REGISTRAR
STUDENT AFFAIRS (ADMISSIONS)

REQUEST FOR STUDENT STATUS LETTER

Name: _____		Mr. <input type="checkbox"/>	I.D. NO.
		Ms. <input type="checkbox"/>	
		Mrs. <input type="checkbox"/>	
Faculty/School: (Kindly tick)			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Engineering	<input type="checkbox"/> Humanities
<input type="checkbox"/> Law	<input type="checkbox"/> Medical Sciences	<input type="checkbox"/> Science	<input type="checkbox"/> Social Sciences
Status: _ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Evening			
Programme:			Year:
Reason for Request:			Date:
Home Address:			Mail <input type="checkbox"/>
			Will Collect <input type="checkbox"/>

Note:

Letters can be collected from the Student Affairs (Admissions) Office **two (2) working days** from drop-off date.