

THE UNIVERSITY OF THE WEST INDIES ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES OFFICE OF THE CAMPUS REGISTRAR STUDENT AFFAIRS (EXAMINATIONS)

TELEPHONE: (1-868) 662-2002 ext. 84208/83017/83805 E-mail: transcripts@sta.uwi.edu,

TRANSCRIPT REQUEST FORM

(Note: You are responsible for the accuracy of the information on this form. Please print clearly)

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NAME: (SURNAME)		IIDDLE INITIALS) (M	IAIDEN NAME) (MR./MS./MRS.)
(SURNAME)	(FIRST NAME) (IV		iaiden name) (ivik./ivis./iviks.)
STUDENT'S I.D. NUMBER:	D.O.B:		
CONTACT No.:	(C)	(W)(
E-MAIL ADDRESS:(<u>Current students use my.uwi.e</u>	DU E-MAIL ADDRESS ONLY. OTHER APPLICANTS USE	AN UP TO DATE EMAIL ADDRESS)	
FACULTY:	Programme:	RAMME: PERIOD OF STUDY (YEAR):	
(PLEASE TICK) [] Certificate	[] Diploma [] Undergraduate	[] PG Diploma	[] Masters [] PH
STUDENT COPY [] Number	of CopiesOFFICIAL	COPY [] Number of cop	ies:
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Please process this request:	Name and Address of Instituti	on (Official Copy)	
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(except for the Faculty of Medical Sciences ten (1	0) working days)		
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[] processed after Summer grades	are declared official		
[] after degrees are awarded and po	sted		
To obtain: [] Please Email	Email:		
[] Please send via Courier Servic (additional cost to be obtained	e (Regionally/Internationally) from the online payment facility)	[] I have included	an attachment
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		al Use Only.	
Signature:	Date paid: Receipt no:	Date I	Dispatched:
Date:	A		tched by:

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- An **official transcript** is sealed and signed and the name and mailing address of an Organization/Agency/Institution must be included. *The official email address of the recipient is also required.*
- Student copy transcripts are signed and either stamped or contains a watermark student copy imprint.
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- Transcript request forms must be signed by the graduate/student with either an electronic or physical (wet ink) signature.
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TT Deposits

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Account#: 160 284 614 001

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(when sending proof of payment to transcripts via bank deposit, you can also include Shantal.Seecharan@sta.uwi.edu)

TTPOST

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The second envelope of any size is simply to package the abovementioned envelope and mail to:

Ms Nardia Thomas-Allain

Examinations Section

Office of the Campus Registrar

Lloyd Braithwaite Student Administration Building

The University of the West Indies

St Augustine Campus

St Augustine

Please enclose a note with your specific requests and student identification number to ensure accuracy in packaging.

• The University of the West Indies, St. Augustine Campus is not responsible for processing errors as a result of inaccurate, incomplete or illegible information provided on the transcript request.