



THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES
OFFICE OF THE CAMPUS REGISTRAR
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>

VISA LETTER REQUEST FORM

INFORMATION

1. Cost per copy of VISA Letter - TT\$30.00/US\$6.00: Additional Cost per copy of Fax TT\$30.00 or US\$6.00. Payable to 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. Rush/Same day request cost TT\$ 60.00 or US \$12.00. If requested before 12 noon letters will be ready by 4.00 pm.
4. Requests **cannot** be processed if a student is not financially cleared, has any type of hold on his/her account e.g. 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).**
5. VISA Letters are **NOT** issued to students in their final year of study or part-time/evening university students.
6. Note: You are responsible for the accuracy of the information on this form. Please print clearly.
7. **Processing Time:** Letters can be collected from the Customer Service Representatives, 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.

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

EMBASSY/CONSULATE: AMERICAN CANADIAN OTHER (Please state name) _____

PASSPORT NO.: _____

Address of Host/Hotel:

COUNTRY OF ISSUE: _____

N.B. Please note that you are required to present your passport to the Customer Service Representatives, Student Administration Building for verification of the passport number.

PERIOD WHEN TRAVELLING (Tick & Indicate Month & Year):

[] Christmas Break _____

[] Summer Break _____

	PROCESS		TO OBTAIN
[]	REGULAR	[]	I WILL COLLECT
[]	RUSH/SAME DAY	[]	PLEASE FAX TO _____ FAX. NO.: _____

[] MAIL TO (NAME & ADDRESS): _____

I authorize _____ to Request and/or Collect my VISA letter(s).
(THIS PERSON'S ID WILL BE CHECKED)

SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY

DATE PAID: _____

DATE DISPATCHED: _____

RECEIPT #: _____

AMT PAID: _____

DISPATCHED BY: _____

RECEIVED BY: _____