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 website: http://www.sta.uwi.edu

VISA LETTER REQUEST FORM

INFORMATION

1. Cost per copy of Visa Letter - TT$30.00/US$6.00.
   Payable at The Cashier, Bursary or any **Republic Bank Branch Account # 160 284 614 001 or via online service:** UG Status Letter - US(6)
   https://secure.touchnet.net/C24203_ustores/web/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 via https://sta.uwi.edu/bursary/service-desk 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 in dark blue or black.**
4. **Please allow 5 – 7 business days for processing.** Letters will be forwarded to your official UWI email address.
5. **Please submit completed form, proof of payment and Bio-data page of your passport via your official UWI email, in PDF format to admis@sta.uwi.edu**

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

ACADEMIC YEAR/ SEMESTER: _____   I would like to request _____letter(s)

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

PASSPORT NO: _____ COUNTRY OF ISSUE: _____	**Address of Host/Hotel:** _____ _____
PERIOD WHEN TRAVELLING (Tick & indicate Month & Year): [ ] **Christmas Break** _____ [ ] **Summer Break** _____	_____ _____ _____ _____

SIGNATURE: _____   DATE: _____

FOR OFFICIAL USE ONLY

DATE PAID: _____
RECEIPT #:   _____   DATE DISPATCHED: _____
AMT PAID: _____
RECEIVED BY: _____   DISPATCHED BY: _____