



THE UNIVERSITY OF WEST INDIES

TRANSFER APPLICATION FORM (TO ALL FACULTIES)

- I. Complete the forms in **DUPLICATE** and return them to the Student Affairs, Admissions Section.
- II. Applications for transfer for the next academic year must reach the Registry by March 31, 2006 except for the Faculties of Medical Sciences and Law which must reach the Registry by January 31, 2006. Applications to the MBBS programme must be submitted along with the required co-curricular activity sheet.

**THIS FORM MUST BE RETURNED TO THE SENIOR ASSISTANT REGISTRAR,
STUDENT AFFAIRS (ADMISSIONS) AT THE CAMPUS AT WHICH THE
STUDENT IS REGISTERED.**

SECTION 1

Fill in the appropriate boxes/spaces
Application for transfer from

- (i) Full-time to Part-time
- (ii) Part-time to Full-time
- (iii) TLI/UWIDEC to Full-time
to Part-time
- (iv) Faculty of _____ to Faculty of _____
- (a) Students desiring transfer to the Faculty of Engineering should indicate branch desired.
- Agricultural Civil Industrial Petroleum
Chemical Electrical & Computer Mechanical Surveying
- A student desiring transfer to any other faculties must indicate the degree option on the line below, e.g. B.Sc. Accounting.
- B.Sc. _____
- (v) _____ Campus to _____

SECTION 2

Student I.D. Number

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SURNAME (*Block Capitals*) _____

OTHER NAMES (*Block Capitals*) _____

TERM ADDRESS _____

TELEPHONE NO _____

HOME ADDRESS _____

TELEPHONE NO _____

SECTION 3

SEX: Male Female Present Age: _____ D.O.B. ___/___/___
(dd/mo/year)

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED

NATIONALITY: _____ **FATHER'S NATIONALITY:** _____

SECTION 4

PRESENT HALL OF RESIDENCE (*Indicate choice of Hall of Residence*)

At Mona Chancellor Irvine Taylor Mary Seacole Preston
Rex Nettleford

At St. Augustine Canada Trinity Milner

At Cave Hill Sherlock

SECTION 5

Period or periods during which you have been a student at the University of the West Indies.

19___ to 20___

20___ to 20___

SECTION 6

Do you hold a particular scholarship/award? Yes No

If the answer is yes, please name the scholarship/award _____

SECTION 7

Briefly state the reason for applying for the transfer.

Signature _____

Date of Application _____

FOR OFFICIAL USE ONLY

BASIS OF ENTRY TO UNIVERSITY

A/O LEVEL ENTRY

- | | | | |
|------|--|--------------------------------|-----|
| (i) | Satisfied Matriculation requirements via | (a) GCE Examination | [] |
| | | (b) Professional Qualification | [] |
| | | (c) Other | [] |
| (ii) | Assessed by Matriculation Board | | [] |
-

I approve of the applicant _____

Transferring from the Faculty of _____

at _____ Campus to Faculty of _____

at _____ Campus.

Signature of Dean/Vice Dean

Date _____

I certify that the applicant _____

Is eligible/will be eligible to transfer to the Faculty of _____

If he/she is successful in _____
(Courses)

to be taken in the University examination in _____
(Date of Examination)

Senior /Assistant Registrar

Date _____

I agree to accept the above applicant to the Faculty of _____

at _____ Campus.

Signature of Dean/Vice Dean

Date _____

