



# 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, 2007 except for the Faculties of Medical Sciences and Law which must reach the Registry by January 31, 2007. 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          |                                | [ ] |
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I approve of the applicant \_\_\_\_\_

Transferring from the Faculty of \_\_\_\_\_

at \_\_\_\_\_ Campus to Faculty of \_\_\_\_\_

at \_\_\_\_\_ Campus.

\_\_\_\_\_  
Signature of Dean/Vice Dean

Date \_\_\_\_\_

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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 \_\_\_\_\_

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I agree to accept the above applicant to the Faculty of \_\_\_\_\_

at \_\_\_\_\_ Campus.

\_\_\_\_\_  
Signature of Dean/Vice Dean

Date \_\_\_\_\_