



**THE UNIVERSITY OF THE WEST INDIES  
MONA CAMPUS**

**2008/2009 Ceremonies for the Presentation of Graduates:  
November 06 and 07, 2009**

**REPLY FORM**

**PRESENTATION OF GRADUATES – MONA CAMPUS**

The University does not guarantee that arrangements can be made for your presentation if you do not return this completed form to the Examinations Section, Mona by October 9. If you wish to be presented at the **Cave Hill** or **St. Augustine Campus**, please return one (1) copy to that Campus and immediately contact the Senior Assistant /Assistant Registrar (Examinations) for specific instructions. This is most important as the arrangements at each Campus differ.

**TO:** The Senior/Assistant Registrar: Cave Hill , Mona , St. Augustine ,  
(Please indicate Campus with a tick)

**FROM:** .....  
Please print name in block letters

**Degree/Diploma/Certificate to be awarded**

<i>Bachelor of Arts</i>	<input type="checkbox"/>	<i>Bachelor of Education</i>	<input type="checkbox"/>	<i>Bachelor of Arts, Theology</i>	<input type="checkbox"/>
<i>Bachelor of Science, Natural Sciences</i> (Please state specialization if applicable)	<input type="checkbox"/>	_____			
<i>Bachelor of Science, Social Sciences</i> (Please state specialization if applicable)	<input type="checkbox"/>	_____			
<i>Bachelor of Science, Nursing</i>	<input type="checkbox"/>	_____			
<i>Bachelor of Science, Physical Therapy</i>	<input type="checkbox"/>	_____			
<i>MB BS</i>	<input type="checkbox"/>	_____			
<i>BB MedSci</i>	<input type="checkbox"/>	_____			
<i>BMedSci (on application only)</i>	<input type="checkbox"/>	_____			
<i>Diploma (Please state specialization)</i>	<input type="checkbox"/>	_____			
<i>Certificate (Please state specialization)</i>	<input type="checkbox"/>	_____			
<i>Masters</i>	<input type="checkbox"/>	_____			
<i>Master of Philosophy</i>	<input type="checkbox"/>	_____			
<i>Doctor of Medicine</i>	<input type="checkbox"/>	_____			
<i>Doctor of Philosophy</i>	<input type="checkbox"/>	_____			
<i>Associate of Science Degree</i>	<input type="checkbox"/>	_____			
<i>Other, Please state</i>	<input type="checkbox"/>	_____			

Please tick [  ] where applicable, and complete as necessary:

1. I shall be attending the 2009 Graduation Ceremony at the:

a) **MONA CAMPUS** on

**Friday November 6, 2009 at 5:30 p.m.**

- *Faculty of Humanities & Education & Higher Degrees*
- *Faculty of Law*
- *Open Campus: Associate of Science Degree*

Saturday November 7, 2009 at 10:00 a.m.

- *Faculty of Pure & Applied Sciences/Science and Agriculture & Higher Degrees*
- *Faculty of Medical Sciences and Higher Degrees*

Saturday November 7, 2009 at 5:30 p.m.

- *Faculty of Social Sciences & Higher Degrees*
- *Faculty of Engineering*

b) CAVE HILL CAMPUS on

Saturday October 24, 2009  
Morning OR Evening Session

c) ST. AUGUSTINE CAMPUS on

Friday October 30, 2009: 10:00 a.m. or 4:00 p.m.

Saturday October 31, 2009: 10:00 a.m. or 4:00p.m.

d) OPEN CAMPUS, ST. LUCIA on

Saturday October 17, 2009: 5:00 p.m.

2. I shall **NOT** be present at the Graduation Ceremonies  
Please:

a) mail my Certificate to the address indicated below

\_\_\_\_\_  
\_\_\_\_\_

b) deliver my Certificate to

\_\_\_\_\_

Name of person

c) hold my Certificate until further notice

3. I wish to rent a Gown and Hood for the Ceremony

4. I will collect five (5) invitations for my guests from:

- **The One-Stop Graduation Centre**
- **The Examinations Section**

My mailing address is:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Examinations Section  
Mona  
15/55/1

2009/07/16

*(You may send your response by fax transmission to 876-977-1263)*