

SECTION II: UWI STUDENTS

Full time [] Part-time [] Entrance date for current programme of study Month Year

Semester Address:

Telephone: (Home)..... (Cell).....
Please state name of service provider for cell phone

Permanent Address:

Telephone: (Home)..... (Cell).....
Please state name of service provider for cell phone

G. Student Status

H. Faculty

- 1. Preliminary []
- 2. Level 1 []
- 3. Level 2 []
- 4. Level 3 []
- 5. Specially Admitted Student []
- 6. Graduate Student []
- 7. Medical Student (MBBS) []
 - Stage 1 (Year) []
 - Stage 2 (Year) []

- 1. Humanities & Education []
- 2. Pure & Applied Sciences []
- 3. Social Sciences []
- 4. Law (Undergraduates) []
- 5. Medical Sciences (Non MBBS) []
- 6. Medical Sciences (MBBS) []
- 7. Norman Manley Law School []
- 8. Other []
please specify

I. Major.....

J. Current Financing [check major source]

K. Hours of paid work per week

- 1. Parents []
- 2. Self []
- 3. Student Loan []
- 4. Scholarship/Bursary []
- 5. Other []
please specify

SECTION III: STAFF (to be completed by staff member and dependent of staff member)

Name of Staff Member:Relationship.....

Department:

Telephone:

Home Address:

Telephone: (Home)..... (Cell).....
Please state name of service provider for cell phone

Occupation:

SECTION IV: STAFF DEPENDENTS (if you are a UWI student, fill in your name only)

Name of Staff Dependent:

Office /School Name (if applicable):

Office/School Address:

Telephone:

Home Address:

Telephone: (Home)..... (Cell).....