

## 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.

Applications for transfer for the next academic year must reach the Registry by March 31, 2010 except for the Faculties of Medical Sciences and Law which must reach the Registry by December 31, 2009

II. . Applications to the MBBS programme **must** be submitted along with the required cocurricular 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

			r.	ECTION I			
	he appropriate box tion for transfer fi						
(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) Student	ts desiring transfer	to the F	aculty of Engine	ering sho	uld indicate branc	ch desired.
Agricul	tural []	Civil	[]	Industrial	[]	Petroleum	[]
Chemic	al [] Elo	ectrical & Comput	er []	Mechanical	[]	Surveying	[]
(v)							
Studen	nt I.D. Number		\$	SECTION 2			
SURNA	AME (Block Capi	tals)					
OTHEI	R NAMES (Bloc	ck Capitals)					
TERM	ADDRESS						
			_ TELE	PHONE NO_			
HOME	ADDRESS						
			_ TELE	PHONE NO			

### **SECTION 3**

SEX:	Male	[]	Female []	Present Age:		D.O.B/ (dd/mo/year)
MARI	TAL STA	TUS:	SINGLE []	MARRIED []	DIVORCED []	WIDOWED [ ]
NATIO	ONALITY	/:		FATHEI	R'S NATIONALIT	`Y:
				SECTIO	ON 4	
PRESI	ENT HA	LL OF	RESIDENCE	(Indicate choice	of Hall of Reside	nce)
At Mo	na		Chancellor [ ] Rex Nettlefore		lor [] Mary Sead	cole [] Preston []
At St.	Augusti	ne	Canada [ ]	Trinity [ ]	Milner []	
At Cav	ve Hill		Sherlock []			
				SECTIO	)N 5	
Period	or period	ds during	g which you ha	ve been a studen	t at the University	of the West Indies.
		19	to	20	-	
		20	to	20	-	
				SECTIO	ON 6	
Do you	ı hold a p	particula	r scholarship/a	ward? Yes	[] No	[]
If the a	ınswer is	yes, ple	ase name the so	cholarship/award	I	
				SECTIO	ON 7	
Briefly	state the	e reason	for applying fo	or the transfer.		
						_
Signatu	ure				Date of Applica	ntion

#### **RECORD**

#### **SECTION A**

DATE

EXAMINING

BODY

### NON-UWI EXAMINATIONS FOR WHICH YOU ARE PREPARING OR AWAITING RESULTS

LEVEL

RESULT

GRADE

SUBJECT

		CIONS		
CMPL(	OYMENT RECO			
EMPL(	OYMENT RECO			
CMPLO	OYMENT RECO			
EMPLO	OYMENT REC			
EMPLO	OYMENT RECO			

#### UWI EXAMINATION RECORD

Date of Admission to UWI \_\_\_\_\_ Faculty of \_\_\_\_\_

YEAR	COURSES	LEVEL	RESULT

# **FOR OFFICIAL USE ONLY**

<ul><li>(a) GCE Examination</li><li>(b) Professional Qualification</li><li>(c) Other</li></ul>	[] [] []
(c) Other	[]
	[]
culty of	
Signature of Dean/Vice Dean	
-	
Date	
rses)	
(Date of Examination)	
Senior /Assistant Registrar	
Date	
	Signature of Dean/Vice Dean Date  rses)  (Date of Examination)  Senior /Assistant Registrar Date