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 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

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 ________________
## RECORD

### SECTION A

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

<table>
<thead>
<tr>
<th>DATE</th>
<th>EXAMINING BODY</th>
<th>SUBJECT</th>
<th>LEVEL</th>
<th>RESULT</th>
<th>GRADE</th>
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**OTHER QUALIFICATIONS**


**EMPLOYMENT RECORD**


### SECTION B

Date of Admission to UWI ________________ Faculty of ________________

**UWI EXAMINATION RECORD**

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<th>COURSES</th>
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### BASIS OF ENTRY TO UNIVERSITY

1. **Satisfied Matriculation requirements via**
   - (a) GCE Examination [ ]
   - (b) Professional Qualification [ ]
   - (c) Other [ ]

2. **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 ____________________________

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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 ____________________________

---

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

at _____________________________________________________________________ Campus.

______________________________
Signature of Dean/Vice Dean

Date ____________________________