

**THE UNIVERSITY OF THE WEST INDIES  
TRANSFER APPLICATION FORM**

**FACULTY OF MEDICAL SCIENCES TO EASTERN CARIBBEAN**

**SECTION 1**

Fill in the appropriate boxes/spaces.

Application for Transfer from Mona to:

BAHAMAS [ ]

BARBADOS [ ]

TRINIDAD [ ]

**SECTION 2**

SURNAME (BLOCK CAPITALS) \_\_\_\_\_

OTHER NAMES \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TELEPHONE NUMBER(S) \_\_\_\_\_

PLEASE WRITE YOUR  
IDENTIFICATION  
NUMBER HERE

**SECTION 3**

DATE OF BIRTH \_\_\_\_\_  
(Day/Month/Year)

PLACE OF BIRTH \_\_\_\_\_

MARITAL STATUS [ ] [ ] [ ] [ ]  
Single Married Divorced Widowed

NATIONALITY \_\_\_\_\_

FATHER'S NATIONALITY \_\_\_\_\_

Gender \_\_\_\_\_

**SECTION 4**

Period or periods during which you have been a student at the University of the West Indies.

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

**SECTION 5**

Do you hold a particular scholarship/bursary or any other award? Yes [ ] No [ ]

If yes, please name the award \_\_\_\_\_

**SECTION 6**

Briefly state the reason why you are applying for a transfer.

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

Signature

Date

**SECTION A**

**1. SCHOOL RECORD OF EXAMINATION PASSED**

DATE	EXAMINING BODY	SUBJECT	LEVEL	GRADE

**2. OTHER QUALIFICATIONS**

\_\_\_\_\_

\_\_\_\_\_

**3. BASIS OF ENTRY TO UNIVERSITY**

(i) Satisfied Matriculation requirements via

- (a) CSEC (CXC)/ G.C.E. Examinations
- (b) Professional Qualification
- (c) Other

	CSEC (CXC)/ O' LEVEL ENTRY
	CAPE (CXC)/ A-LEVEL ENTRY
	OTHER QUALIFICATION

(ii) Assessed by Faculty Entrance Committee

**U.W.I. RECORD (or see attached record)**

YEAR	COURSES	LEVEL	RESULTS

\_\_\_\_\_  
Dean, Faculty of Medical Sciences

*Certified*

\_\_\_\_\_  
Senior Assistant Registrar (Admissions)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**FOR OFFICAL USE ONLY**

I approve of the applicant \_\_\_\_\_

transferring from the Faculty of \_\_\_\_\_

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

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

\_\_\_\_\_  
*Signature of Dean*

\_\_\_\_\_  
*Date*

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

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

\_\_\_\_\_  
*Signature of Dean*

\_\_\_\_\_  
*Date*

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**COMMENTS (if any)**

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