



THE UNIVERSITY OF THE WEST INDIES
MONA CAMPUS

APPLICATION FOR TRANSFER

SECTION 1

Please TICK the appropriate boxes

UWI STUDENT REGISTRATION ID # _____

Present Enrolment Status: Full Time ☐ Part Time ☐ Evening ☐

I wish to transfer **FROM:** **TO:**
Faculty: _____ FACULTY: _____
CAMPUS: _____ CAMPUS: _____

SECTION 2

SURNAME (Block Capitals) _____ Mr. ☐ Mrs. ☐ Ms. ☐

OTHER NAMES (Block Capitals) _____

ADDRESS (While at University) _____

HOME ADDRESS/MAILING ADDRESS _____

Telephone No: _____ Fax No: _____ E mail Address _____

SECTION 3

Date of Birth: _____ Sex: M ☐ F ☐

Place of Birth: _____ Religion: _____

Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐

Nationality: _____ Father's Nationality: _____

SECTION 4 **Please INDICATE the Programme of Study /Major you wish to pursue under the respective Faculty/School:**

ENGINEERING:

HUMANITIES & EDUCATION: LAW ☐

MEDICAL SCIENCES: SCIENCE & TECHNOLOGY:

SOCIAL SCIENCES:

* Students applying to transfer to the BSc Pharmacy programme must submit a letter of acceptance from the Pharmacy Board in their country of residence.
* Students applying to transfer to the Faculty of Medical Sciences [MB.BS. ;DDS; DVM]must submit Autobiographical Sketch and completed Non-Academic Criteria for Selection Form.

SECTION 5 Period or periods during which you have been a student at The University of the West Indies.

FROM _____ TO _____
FROM _____ TO _____

SECTION 6 Do you hold a scholarship or award? (TICK appropriate box) YES ☐ NO ☐
If the answer is YES, PLEASE NAME THE SCHOLARSHIP/AWARD

NB. Scholarship holders must seek the approval of their sponsors to change Faculty/Campus/Programme.

SECTION 7 Briefly state reason why you are applying for transfer.

NOTE:

- I. This Form must be returned to the Senior Assistant Registrar, Student Affairs (Admissions) at the Campus at which the student is registered.
- II. Students applying for Transfer to another Campus to pursue:
▪▪ Medical Sciences must complete forms by JANUARY 31
▪▪ Other Faculties must complete forms by MARCH 31
- III. Students applying to transfer from one Campus to another must be in good financial standing before their application for transfer forms are forwarded to another campus.

Signature of Applicant_____

_____Date

RECORD

SECTION A

1. SCHOOL RECORD OF EXAMINATIONS PASSED

DATE	EXAMINING BODY	SUBJECT	LEVEL	RESULT	GRADE

2. OTHER QUALIFICATIONS

3. EMPLOYMENT RECORD

FOR OFFICAL USE ONLY

4.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
- ☐

SECTION B

Date of Admission to U.W.I _____ Faculty of _____

UWI RECORD: See attached Academic Profile

Certified _____
Senior Assistant Registrar (Admissions)

Date:_____

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I approve of the applicant _____

transferring from the Faculty of _____

at _____ Campus to Faculty of _____

at _____ Campus.

Signature of Dean

Date

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

at the _____ Campus.

Signature of Dean

Date

COMMENTS (if any)