



**THE UNIVERSITY OF THE WEST INDIES
OFFICE OF THE CAMPUS REGISTRAR**

EXAMINATIONS SECTION

REQUEST FOR TRANSCRIPT OF RECORD

(PLEASE USE BLOCK CAPITALS)

FACULTY/FACULTIES _____

FIRST REQUEST YES NO

NAME: _____

LAST

FIRST

MIDDLE

NAME UNDER WHICH REGISTERED: _____

LAST

FIRST

MIDDLE

ID NUMBER: _____

ADDRESS: _____

EMAIL ADDRESS: _____

FAX NUMBER: _____

DATE OF BIRTH: _____ PHONE: _____

SIGNATURE: _____ DATE: _____

TICK APPROPRIATE BOX(ES)

METHOD OF DELIVERY

WILL COLLECT

MAIL

COURIER

FAX

TICK APPROPRIATE BOX(ES)

PROG. PURSUING/COMPLETED

CERTIFICATE

BACHELORS

MASTERS

DOCTORATE

ASSOCIATE DEG.

DIPLOMA

ADMISSION YEAR.....

GRADUATION YEAR.....

TICK APPROPRIATE BOX(ES)

HOLD FOR FINAL GRADES OR AWARD

(CURRENT STUDENTS ONLY)

YES

NO

AWARD

PROCESSING TIME REQUESTING

24 HRS JMD \$2,000

3 DAYS JMD \$1,500

10 DAYS JMD \$1,000

(ADDITIONAL COPIES IS JMD \$600 EACH)

SEND

COPIES TO →

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- PLEASE PRINT ALL INFORMATION PROVIDED CLEARLY AND LEGIBLY.
- TRANSCRIPTS WILL NOT BE SENT BY COURIER TO P.O. BOX ADDRESSES
- PLEASE SUBMIT COMPLETED TRANSCRIPT REQUEST FORM ALONG WITH THE RECEIPT TO THE EXAMINATIONS SECTION/TRANSCRIPT UNIT.
- BURSARY CASHIER OPENING HOURS ARE: MONDAY TO FRIDAY 9:00 AM TO 3:00 PM.
- PROCESSING TIME DOES NOT INCLUDE TIME FOR DELIVERY
- FIRST TIME TRANSCRIPT REQUEST FOR MPHIL, PHD AND (MBBS PRIOR TO 2011) IS NOT QUALIFIED FOR THE EXPRESS SERVICES.

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ENDORSEMENT