

UNIVERSITY OF THE WEST INDIES - MONA CAMPUS
FINANCIAL SUPPORT INFORMATION FORM

(To be completed and submitted along with Medical Faculty Transfer forms by Clinical students transferring to another Campus

1. Name of student:
Class of:
Campus of origin:
Campus of destination:
2. Who is responsible for the payment of your Economic Cost ? :
Name:
Address:
IF PAID BY GOVERNMENT PLEASE STATE
3. Who is responsible for payment of tuition fees ?
Name:
Address:
4. Who is responsible for the Payment of Maintenance Costs and other University Fees ? :
Name:
Address:
5. Do you hold a Scholarship/Bursary ? :
Name of Scholarship / Bursary:
Donor of Scholarship/Bursary:
Duration of Scholarship/Bursary:
Annual Value of Scholarship / Bursary:
6. Do you hold a University Bursary for the current Academic Year ?
Value of Bursary:

THE INFORMATION ABOVE IS TRUE

Signature of Student

I certify that the above named student is in Good Financial Standing

Supervisor, Customer Service

Senior Assistant Registrar (Student Affairs)