



THE UNIVERSITY OF THE WEST INDIES
MONA CAMPUS

COMPLETE 2 COPIES

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:** Faculty: _____ **TO:** 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 OFFICIAL 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: _____

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

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

at the _____ Campus.

Signature of Dean

Date

COMMENTS (if any)

