

UNIVERSITY OF THE WEST INDIES
APPLICATION FOR PRE-REGISTRATION POST
Trinidad

NAME _____ AGE _____

NATIONALITY _____

Date of entry into Faculty _____

PASSED (date) Premedical: _____

Preclinical: _____

Phase 1A: _____

Phase 1B: _____

Phase 1C: _____

Phase II _____

Medicine: _____

Surgery: _____

Obstetrics & Gynaecology _____

Additional Qualifications (e. g. BSc.) _____

Prizes, Medals, etc. _____

Do you hold awards? (scholarship , Bursary, etc) _____

If yes, indicate _____

Marital Status _____ Children _____ Ages _____

Do you have any commitment to serve in any territory? _____

Have you applied for a post outside the West Indies? _____

Campus at which graduating _____

ORDER OF PREFERENCE OF HOSPITAL FOR INTERNSHIP

Hospitals 1. _____

(Name and country) 2. _____

3. _____

4. _____

Discipline 1. _____

2. _____

3. _____

4. _____

Additional Information

Address (present) _____

Signed _____

Date _____