



**Semester II Courses:**

UWI Courses	Host University Courses	FOR OFFICIAL USE ONLY	
		H.O.D. Signature	Date

**FOR OFFICIAL USE ONLY**

Current Cumulative G.P.A./Grade Average: \_\_\_\_\_  
 (To be completed by Faculty Administrator)

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I recommend that the applicant be permitted to spend :  
 SEMESTER I  SEMESTER II  ACADEMIC YEAR

at the \_\_\_\_\_ and confirm that the courses to be followed will be  
 accepted for credit towards the degree for which he/she is registered.

\_\_\_\_\_  
 (Signature of Dean/Nominee)                      (Date)

Affix stamp here

I will need housing:    ON CAMPUS    ( )                      OFF CAMPUS    ( )

Hall of Residence: \_\_\_\_\_

If not, please provide your intended contact address and telephone number:

\_\_\_\_\_  
 Telephone: \_\_\_\_\_

How did you learn about the exchange/study abroad programme? (Tick as appropriate):

- Faculty Member       Promotional Drive       Former Participant   
 Admissions Office       Campus Notices       Other (specify) \_\_\_\_\_