

REFEREE'S AFFIDAVIT

NAME	Last Name/Surname	First Name	Middle Initial(s)
Address _____ _____			
Telephone (H)	Telephone (W)	E-mail Address	
In what capacity are you signing		Name of Employer/Business	
Name of STUDENT being recommended		Student ID #:	
Student Email Address:			
How long have you known him/her?	Year(s)	Month(s)	
What do you know of the applicant's family? _____ _____			
What do you know about the co-curricular activities of the applicant? _____ _____			
To your knowledge, is this person experiencing financial difficulties? Yes [] No [] If 'yes' please explain: _____ _____ _____			
Would you regard the student as someone with integrity? Yes [] No [] If 'yes' please explain: _____ _____			
Is there any other pertinent information that you think we should know? Yes [] No [] If 'yes' please explain: _____ _____			
I hereby declare that the information provided above and by the applicant is to the best of my knowledge true.			
Signed _____		Date dd / mm / yyyy	

N.B.

- This form should be completed by the following persons: Senior members of the UWI academic and professional staff (e.g. Lecturer), Student Services and Development Managers, UWI Counsellors (Health Centre), Justices of the Peace, Ministers of Religion, High School Principals/Vice Principals/Guidance Counsellors.
- NO OTHER REFERENCE WILL BE ACCEPTED
- Referees must know the applicant for at least two (2) years and should be able to attest to the information provided by the applicant. All referees must affix the official stamp of their office / department / organization. Justices of the Peace (JP's) must affix their official seal provided by the Government.