



APPLICATION FORM FOR UWI STUDENT IDENTIFICATION CARD

ACADEMIC YEAR: _____

This form must be completed and submitted
with offer to the **Office of Graduate Studies and Research**
UWI, Mona.



SURNAME: _____ OTHER NAMES: _____
(Capital Letters)

UNIVERSITY LOCATION: _____

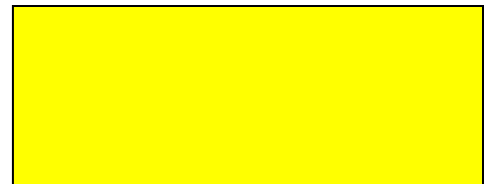
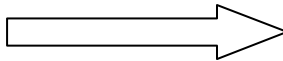
STUDENT ID#: _____ ENROLLMENT (FT/PT): _____

FACULTY: _____

PROGRAMME: _____

SIGNATURE OF STUDENT

Please sign clearly within this
box and not on the lines.



VERIFIED _____
Faculty Representative – Graduate Studies & Research

DATE _____

Disclaimers:

The University of the West Indies, Mona, is not liable for financial loss or criminal repercussions associated with lost, stolen, damaged, or fraudulently used cards distributed from the Human Resource Management Division, UWI.