



**THE UNIVERSITY OF THE WEST INDIES**  
School for Graduate Studies and Research

**APPLICATION FOR GRADUATE SCHOLARSHIP**

**INSTRUCTIONS TO APPLICANTS**

Complete **TWO (2) COPIES** of this form, and forward directly to the Senior Assistant Registrar, Campus Office of Graduate Studies and Research. **To be considered for a Scholarship you must have submitted an application to read for a higher degree at this Campus or be currently registered for a higher degree.** Note that you can apply for more than one award.

Please tick the appropriate box:  **UWI Graduate Scholarship**  
 Other(s) \_\_\_\_\_ (specify in order of preference)  
\_\_\_\_\_

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Name: \_\_\_\_\_  
(Surname) **BLOCK LETTERS** (Other Names)

Student I.D. No. \_\_\_\_\_  
(if UWI Student)

Mailing Address: \_\_\_\_\_

Telephone Nos.: \_\_\_\_\_(H) \_\_\_\_\_(M) \_\_\_\_\_(W)

Email Address: \_\_\_\_\_

Marital Status:  Single  Married  Common Law  Legally Separated  Divorced  Widowed

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Faculty to which you have applied/are registered: \_\_\_\_\_ Department: \_\_\_\_\_

Degree (please tick): MSc  MPhil  PhD  Title of Degree: \_\_\_\_\_

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**UNDERGRADUATE DEGREE**

Name of University: \_\_\_\_\_

Degree and Major: \_\_\_\_\_ Date of Award: \_\_\_\_\_

Class of Degree or GPA: \_\_\_\_\_

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**GRADUATE DEGREE**

Name of University: \_\_\_\_\_

Degree and Title: \_\_\_\_\_ Date of Award: \_\_\_\_\_

Field of Research/Title of Thesis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARE YOU BONDED TO GOVERNMENT OR EMPLOYER? YES/NO**

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**REFEREES**

All applicants must give below the names and addresses of two (2) referees who have already submitted or who are prepared to submit reports about you on forms available from the Campus Office of Graduate Studies and Research.

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_

*Completed referee reports are to be sent directly to the campus to which you have applied/are registered addressed to the Secretary, Graduate Scholarship Committee, Campus Office of Graduate Studies and Research, The University of the West Indies.*

**DECLARATION OF APPLICANT**

I certify that the facts stated are correct and I declare that I am willing to abide by the Regulations of The University of the West Indies.

\_\_\_\_\_  
**Signature of Applicant** \_\_\_\_\_  
**Date**

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**OFFICIAL USE ONLY**

**Re: Applicant for Admission**

**Comments by Head of Department to which applicant is seeking admission as a new Graduate student.**

- a) Do adequate facilities/materials for this research work exist? \_\_\_\_\_
- b) What ancillary expenses will be incurred? \_\_\_\_\_  
\_\_\_\_\_
- c) What is the normal duration of the course? \_\_\_\_\_

**Re: Current student**

**Comments by Head of Department in which candidate obtained degree or is currently reading for a degree.**

*Please state your confidential assessment of the candidate, and return under confidential cover to the Secretary, Graduate Scholarship Committee, Campus Office of Graduate Studies and Research, The University of the West Indies. (Attach additional page(s) if necessary).*

\_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Name of Head of Department

\_\_\_\_\_  
 Signature of Head of Department \_\_\_\_\_  
Date