



THE UNIVERSITY OF THE WEST INDIES  
Caribbean Integration Programme Bursaries  
APPLICATION FORM

BIOGRAPHIC INFORMATION			
NAME	Last Name/Surname	First Name	Middle Name(s)
Date of Birth (dd-mm-yyyy):	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status	
Country of Birth	Nationality		
CONTACT INFORMATION			
Permanent Address		Term/Mailing Address (If different from permanent address)	
Home Phone		Cellular Phone	Other Phone
E-mail Address			
Please provide information for a responsible friend or family member who may <b>be</b> contacted in case of an emergency while you are a <b>participant in the</b> Programme			
Name			
Address			
Telephone #1		Telephone #2	
Email Address		Relation to you	
UWI ACADEMIC/ FINANCIAL INFORMATION			
Faculty	Programme (B.A., B.Sc., etc.)	Major/Option	
Expected Date of Graduation	Level (2, 3, etc.)	Campus	
Do you have outstanding UWI fees? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, state amount outstanding \$

<b>Comments of Head of Department</b>		
How will participation in this programme be of value to this student?		
General Conduct of Student:		
Please make your recommendation regarding the student's request to participate in this programme:		
Name of Head of Department/ Nominee	Signature	Date (please affix official stamp)
<b>Assessment by Faculty Dean</b>		
v		
Do you concur with the comments made by the HoD?	YES [	NO [
Please make your recommendation regarding the student's request to participate in this programme:		
Name of Dean/Nominee	Signature	Date (please affix official stamp)
<b>FOR OFFICIAL REGISTRY/OSF USE ONLY</b>		
Documents Submitted		
<b>Assessment Committee's Decision</b>		

**Comments of Head of Department**

How will participation in this programme be of value to this student?

General Conduct of Student:

Please make your recommendation regarding the student's request to participate in this programme:

Name of Head of Department/ Nominee

Signature

Date (please affix official stamp)

**Assessment by Faculty Dean**

v

Do you concur with the comments made by the HoD?

YES [

NO [

Please make your recommendation regarding the student's request to participate in this programme:

Name of Dean/Nominee

Signature

Date (please affix official stamp)

**FOR OFFICIAL REGISTRY/OSF USE ONLY**

**Documents Submitted**


**Assessment Committee's Decision**

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