



THE UNIVERSITY OF THE WEST INDIES  
ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES  
**INTERNATIONAL OFFICE**

**OFFICE OF INSTITUTIONAL ADVANCEMENT & INTERNATIONALIZATION**

Tel: (868) 224-3708/ (868) 662-2002 Exts. 84206/85010/84151. Email Address: [internationaloffice@sta.uwi.edu](mailto:internationaloffice@sta.uwi.edu)

## APPLICATION FOR INCOMING STUDENT EXCHANGE

**PLEASE TYPE and ANSWER ALL QUESTIONS**

**ONLY COMPLETED APPLICATIONS WITH ATTACHMENTS WILL BE CONSIDERED**

Required documents to be scanned and submitted with application form

- Original Transcript
- Passport Bio-data Page
- One (1) Page Letter of Intent Signed
- Course Enrollment Form
- Status Letter
- Two (2) Recommendation Letters Signed

### Section 1

Surname:

Other Names:

Date of Birth:

Mailing Address:

Home Address:  
(If different from  
Email Address)

Mobile Number:

Email Address:

### Section 2

Type of Exchange:

What period do you want to spend abroad:

At which Faculty do you intend to Enroll:

I am currently enrolled at my University in the Faculty of:

Pursuing the following programme:

GPA as of application date:

### Section 3

Signature (Insert signature Image):

Application Submission Date:

# END

## **IMPORTANT INSTRUCTIONS**

Once all fields have been completed in detail, please save to your computer and email as an attachment along with **all** other attachments listed at the top of the application

To: [Incoming.mobility@sta.uwi.edu](mailto:Incoming.mobility@sta.uwi.edu)



**ALTERNATE COURSES IN THE EVENT THAT THOSE LISTED ABOVE ARE NOT AVAILABLE**

SEMESTER	HOME INSTITUTION COURSES	EQUIVILANT COURSES AT UWI ST AUGUSTINE	LECTURER'S SIGNATURE

**UWI HALLS OF RESIDENCE/ACCOMMODATION**

Please identify any physical and learning needs that you may have:

Physical Disability:       Learning Disability:       Other:

**1. RESIDENCE (State your Preference)**

Please refer to <http://sta.uwi.edu/residence/index.asp> for more information.

- Trinity Hall (Female only)
- Freedom Hall (Co-ed)
- Sir Arthur Lewis Hall
- Canada Hall (Male only)
- Off-Campus Housing

**2. REFERENCES**

Please give the names and addresses of two referees. At least **ONE** of them should be in close contact with your recent academic work. References should be submitted in sealed envelopes to the Manager, International Office at UWI St. Augustine.

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

ADDRESS:

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TEL. No.: \_\_\_\_\_

EMAIL:

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NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

ADDRESS:

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TEL No: \_\_\_\_\_

EMAIL:

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I certify that I have read and understood the instructions and the information necessary for completing this application and that all of the information given in this application is true and correct:

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_