



THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES
OFFICE OF INSTITUTIONAL ADVANCEMENT AND INTERNATIONALISATION
Tel: (868) 224 3708 or (868) 662-2002 Ext. 85010
Email Address: outgoing.mobility@sta.uwi.edu

APPLICATION FOR STUDENT EXCHANGE/STUDY ABROAD
Application Form
Please complete in BLOCK LETTERS

Please include the following:

- Copy of your official transcript
- A passport size photo
- Copy of Passport Bio-data Page
- 1 Page letter of Intent

SECTION A: PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: (dd/mm/yy) _____ PLACE OF BIRTH: _____

NATIONALITY: _____ TELEPHONE CONTACT: _____

PREFERRED EMAIL ADDRESS: _____

MAILING ADDRESS: _____

SECTION B: STUDENT INFORMATION

STUDENT ID NUMBER: _____ STUDENT EXCHANGE STUDY ABROAD

DEGREE: _____ FACULTY: _____

STATUS: FULL TIME EVENING

CURRENT YEAR OF STUDY: _____ YEAR EXPECTED TO GRADUATE: _____

SECTION C: STUDENT EXCHANGE / STUDY ABROAD

WHAT PERIOD DO YOU WANT TO SPEND ABROAD: SEMESTER I SEMESTER II ACADEMIC YEAR

EXPLAIN WHAT IS MOTIVATING YOU TO PURSUE THIS INTERNATIONAL STUDY OPPORTUNITY?

WHAT DO YOU EXPECT TO GET OUT OF THIS EXPERIENCE? (PERSONALLY & ACADEMICALLY)

WHICH INSTITUTION WOULD YOU LIKE TO ATTEND?

Host _____ Location: _____

*Refer to Course Equivalency Sheet on Page 4

SECTION D: EMERGENCY CONTACT

LAST NAME: _____ FIRST NAME: _____

RELATIONSHIP: _____ TELEPHONE CONTACT: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

Section E: SPECIAL NEEDS

Please identify any special needs you may have:

- Physical disability Learning disability Other

Details:

Term and Conditions

I confirm that the information provided in this application (including attached forms and documents) is accurate.

I understand that I am not required to participate in an exchange program in order to complete the requirements of academic program at UWI. I do so voluntarily.

I understand that during my exchange program I must remain a full time registered fee paying student at UWI, St Augustine with all rights and responsibilities that entails.

It is my responsibility to ensure that courses taken at the host institution comply with home faculty regulations at The UWI.

I understand that my courses must be approved by my faculty and any change in courses must be approved by faculty and the International Office be notified (preferably prior to departure).

I agree that in the event that I am required to withdraw from the exchange program, or the exchange program is modified or cancelled. The UWI is not responsible for any delay in completion of my academic program.

I understand that the final decision on my application will be made by the host institution.

I consent to the disclosure by The UWI of my personal and academic information to the host institution.

I acknowledge that I have read and understood, in its entirety, the UWI eligibility criteria to take part in an academic exchange program available <https://sta.uwi.edu/internationaloffice/documents/educationabroadpolicy.pdf>

STUDENT'S SIGNATURE

DATE

FOR OFFICIAL USE ONLY

- APPROVED** **NOT APPROVED**

Director
International office

DATE

OTHER COMMENTS:

Course Equivalency Sheet

NAME: _____ ID#: _____

NAME OF HOST INSTITUTION: _____

Course Selection

	UWI COURSES ST AUGUSTINE	HOST INSTITUTION COURSES	LECTURER'S SIGNATURE
SEMESTER 1			
SEMESTER 2			

HOD/ PROGRAMME COORDINATOR NAME

HOD/ PROGRAMME COORDINATOR SIGNATURE

DATE

CURRENT GPA

Please indicate if you recommend this student for a student exchange /study abroad.

I recommend / do not recommend _____

NAME OF STUDENT

for student exchange/ study abroad.

DEAN / DEAN REPRESENTATIVE NAME

DEAN / DEAN REPRESENTATIVE SIGNATURE

DATE