

# THE UNIVERSITY OF THE WEST INDIES

ST. AUGUSTINE

## APPLICATION FOR REFUND OF CAUTION MONEY

*Please Read ALL Instructions Carefully*

### 1. REQUIRED DEPARTMENT/SCHOOL AND FACULTY CLEARANCES (see link below for relevant email addresses)

#### FACULTY OF SCIENCE & TECHNOLOGY

#### FACULTY OF FOOD & AGRICULTURE

#### FACULTY OF MEDICAL SCIENCES

- From relevant Departments/Schools
- From respective Office of the Dean

#### FACULTY OF HUMANITIES & EDUCATION

#### FACULTY OF LAW

#### FACULTY OF SOCIAL SCIENCES

#### ACADEMY OF SPORT

#### FACULTY OF ENGINEERING

- From respective Office of the Dean

List of Faculty emails: [https://sta.uwi.edu/admissions/undergrad/faqs\\_tuition\\_fees.asp](https://sta.uwi.edu/admissions/undergrad/faqs_tuition_fees.asp)

### 2. LIBRARY CLEARANCE (Required by ALL students)

- Apply for Library clearance here: <https://libraries.sta.uwi.edu/libraryForms/view/5>
- Library clearance to be submitted with completed Form

### 3. SELECT ONE (1) OPTION FOR RECEIPT OF REFUND:

Mailed Cheque

Banking Transfer (ACH)  
LOCAL (T&T) BANKS ONLY

Transfer to a New Programme

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

Bank Account #: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Please include scanned top half of Bank Statement to verify the information above

### 4. FORWARD COMPLETED FORM AND LIBRARY CLEARANCE TO: [cautionmoneyrefund@sta.uwi.edu](mailto:cautionmoneyrefund@sta.uwi.edu) FOR PROCESSING

*Caution Money (minus any debts owed to the University) is normally refunded three (3) months after completion of course/programme of study OR withdrawal from the University, following submission of completed form.*

NAME OF STUDENT: \_\_\_\_\_ STUDENT I.D. #: \_\_\_\_\_  
(BLOCK LETTERS)  
FACULTY: \_\_\_\_\_  UNDERGRADUATE  POSTGRADUATE

FOR OFFICIAL USE

**1. DEPARTMENT/ SCHOOL AND FACULTY CLEARANCES**

DEPARTMENT OF: \_\_\_\_\_  
PLEASE **TICK** WHICH APPLIES:  
 I certify that this student has no debts owing to my department.  
 I certify that this student is **indebted** to my department as follows:  
REASON: \_\_\_\_\_  
DATE: \_\_\_\_\_ SIGNED & STAMP: \_\_\_\_\_  
HEAD OF DEPARTMENT

DEPARTMENT OF: \_\_\_\_\_  
PLEASE **TICK** WHICH APPLIES:  
 I certify that this student has no debts owing to my department.  
 I certify that this student is **indebted** to my department as follows:  
REASON: \_\_\_\_\_  
DATE: \_\_\_\_\_ SIGNED & STAMP: \_\_\_\_\_  
CHIEF ENGINEERING TECHNICIAN

DEPARTMENT OF: \_\_\_\_\_  
PLEASE **TICK** WHICH APPLIES:  
 I certify that this student has no debts owing to my department.  
 I certify that this student is **indebted** to my department as follows:  
REASON: \_\_\_\_\_  
DATE: \_\_\_\_\_ SIGNED & STAMP: \_\_\_\_\_  
CHIEF/SENIOR TECHNICIAN, COMPUTER SYSTEMS  
LABORATORY

DEAN'S OFFICE:  
PLEASE **TICK** WHICH APPLIES:  
 I certify that this student has no debts owing to my department.  
 I certify that this student is **indebted** to my department as follows:  
REASON: \_\_\_\_\_  
DATE: \_\_\_\_\_ SIGNED & STAMP \_\_\_\_\_  
(DEAN/ADMIN. ASSISTANT)

**2. LIBRARY CLEARANCE**  
The clearance obtained from the Library to be submitted with completed Form. **See web link on cover page**