



THE UNIVERSITY OF THE WEST INDIES

ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES

OFFICE OF THE CAMPUS REGISTRAR
STUDENT AFFAIRS (ADMISSIONS)

TELEPHONE: 1(868)662-2002 ext:82154/84167 FAX: 1(868)645-4611 E-mail: admis@sta.uwi.edu website: <http://www.sta.uwi.edu>

VISA LETTER REQUEST FORM

INFORMATION

1. Cost per copy of Visa Letter - TT\$30.00/US\$6.00.
Payable at The Cashier, Bursary or any Republic Bank Branch Account # 160 284 614 001 or via online service at https://secure.touchnet.net/C24203_ustores/web/store_main.jsp?STOREID=17&clearPreview=true&SINGLESTORE=true
2. Requests **cannot** be processed if a student is not financially cleared, has any type of hold on his/her account eg. AR (Accounts Receivable), Immunization/Medical, Dean's/Registrar's Holds: - (Please contact Student Accounts, Bursary via <https://sta.uwi.edu/bursary/service-desk> to resolve Accounts Receivable holds prior to submission of request).
3. Visa letters are **NOT** issued to students in their final semester of study.
4. **Note: You are responsible for the accuracy of the information on this form. Please print legibly in dark blue or black .**
5. **Please allow 5 – 7 business days for processing.** Letters will be forwarded to your official UWI email.
6. **Please submit completed form, proof of payment, and Bio-data page of your passport via your official UWI email in PDF format to admis@sta.uwi.edu**

NAME: _____
(SURNAME) (FIRST NAME) (MIDDLE INITIALS) (MR/MS/MRS)

STUDENT I.D. NUMBER: _____ CONTACT NO: _____

E-MAIL ADDRESS: _____@my.uwi.edu

FACULTY: _____ PROGRAMME: _____

STATUS: FULL-TIME PART-TIME EVENING

ACADEMIC YEAR/PERIOD: _____

EMBASSY/CONSULATE: AMERICAN CANADIAN OTHER (Please indicate name) _____

PASSPORT NO: _____

COUNTRY OF ISSUE: _____

PERMANENT ADDRESS:

Address of Host/Hotel:

SIGNATURE: _____

DATE: _____

FOR OFFICIAL USE ONLY

DATE PAID: _____

RECEIPT #: _____

AMT PAID: _____

RECEIVED BY: _____

DATE DISPATCHED: _____

DISPATCHED BY: _____