

**THE UNIVERSITY OF THE WEST INDIES
FACULTY OF MEDICAL SCIENCES**

**TRANSFER APPLICATION FORM FOR THE SCHOOL OF CLINICAL
MEDICINE AND RESEARCH, THE BAHAMAS**

SECTION 1

Fill in the appropriate boxes/spaces.

SECTION 2

PLEASE WRITE YOUR
IDENTIFICATION
NUMBER HERE

SURNAME (BLOCK CAPITALS) _____

OTHER NAMES _____

PERMANENT ADDRESS _____

MAILING ADDRESS _____

TELEPHONE NUMBER(S) _____

SECTION 3

DATE OF BIRTH _____
(Day/Month/Year)

PLACE OF BIRTH _____

MARITAL STATUS
 Single Married Divorced Widowed

NATIONALITY _____

FATHER'S NATIONALITY _____

Gender _____

SECTION 4

Period or periods during which you have been a student at the University of the West Indies.

_____ to _____

_____ to _____

SECTION 5

Do you hold a particular scholarship/bursary or any other award? Yes No

If yes, please name the award _____

SECTION 6

Briefly state the reason why you are applying for a transfer.

Signature

Date

SECTION A

1. SCHOOL RECORD OF EXAMINATION PASSED

DATE	EXAMINING BODY	SUBJECT	LEVEL	GRADE

2. OTHER QUALIFICATIONS

3. BASIS OF ENTRY TO UNIVERSITY

(i) Satisfied Matriculation requirements via

(a) CSEC (CXC)/ G.C.E. Examinations
 (b) Professional Qualification
 (c) Other

	CSEC (CXC)/ O' LEVEL ENTRY
	CAPE (CXC)/ A-LEVEL ENTRY
	OTHER QUALIFICATION

(ii) Assessed by Faculty Entrance Committee

U.W.I. RECORD			
YEAR	COURSES	LEVEL	RESULTS

 Dean, Faculty of Medical Sciences

 Date

Certified _____
 Senior Assistant Registrar (Admissions & International Office)

 Date

FOR OFFICIAL USE ONLY

I approve of the applicant _____
transferring from the Faculty of _____
at _____ Campus to Faculty of _____
at _____ Campus.

Signature of Dean

Date

I agree to accept the above applicant to the Faculty of _____
at the _____ Campus.

Signature of Dean

Date

COMMENTS (if any)

THE UNIVERSITY OF THE WEST INDIES – MONA CAMPUS

FINANCIAL SUPPORT INFORMATION FORM

(To be completed and submitted along with Medical Faculty Transfer forms by Clinical students transferring to another campus)

1. Name of student:
Class of:
Campus of origin:
Campus of destination:

2. Who is responsible for the payment of your Economic Cost?
Name:
Address:
IF PAID BY GOVERNMENT PLEASE STATE.....

3. Who is responsible for the payment of tuition fees?
Name:
Address:

4. Who is responsible for the Payment of Maintenance Costs and other University Fees?
Name:
Address:

5. Do you hold a Scholarship/Bursary?
Name of Scholarship/Bursary:
Donor of Scholarship/Bursary:
Duration of Scholarship/Bursary:

6. Do you hold a University Bursary for the current Academic Year?
Value of Bursary:

THE INFORMATION ABOVE IS TRUE

Signature of Student.....

I certify that the above-named student is in Good Financial Standing

Supervisor; Customer Service.....

Senior Assistant Registrar (Student Affairs)