THE UNIVERSITY OF THE WEST INDIES

REQUEST FOR TUITION REMISSION/EXEMPTION

SECTION A **(To be completed by MEMBERS OF STAFF)**

STAFF ID#: _____   UNION: _____

NAME: _____
   SURNAME   FIRST NAME   MIDDLE

TELEPHONE: (Work)_____(Home) _____ (Mobile) _____

DEPARTMENT: _____ _____   POST (Job Title): _____

EMPLOYMENT STATUS (**Please select the appropriate boxes below):**

☐Regular   ☐Temporary ☐Full-Time   ☐Part-time   ☐Contract   ☐Other _____

LENGTH OF APPOINTMENT: ☐1 Year   ☐ 2 Years   ☐3 Years ☐Over 3 Years

If staff member is also registered as a student, please complete this Section:

STUDENT ID#: _____   ACADEMIC YEAR: _____

STUDENT ENROLLMENT STATUS: ☐Full-Time   ☐Part-time   ☐Other _____

DURATION OF PROGRAMME: ☐Academic Year ☐Semester I ☐Semester II

PLEASE INDICATE THE YEAR FOR PROGRAMME OF STUDY: ☐1st Year   ☐ 2nd Year ☐3rd Year ☐ 4th Year & over

FACULTY OF REGISTRATION: _____

PROGRAMME ENROLLED: _____
            Name of Programme   Degree Level (eg., BSc/MA)

(A) ☐Diploma   ☐Undergraduate Degree   ☐Postgraduate Degree   (B) ☐UGC funded   ☐Non-UGC Funded

SECTION B **(To be completed by STAFF DEPENDENT)**

STUDENT ID#: _____   DATE OF BIRTH: _____
                                                                Month   Day   Year
NAME: _____
   Surname   First Name   Middle Name

RELATIONSHIP TO STAFF MEMBER: ☐Spouse   ☐Child   ☐Other _____
                                                                        (please specify)

ENROLLMENT STATUS: ☐Full-Time ☐Part-time ☐Other _____
                                                                        (please specify)

ACADEMIC YEAR: _____   DURATION OF PROGRAMME: ☐Academic Year ☐Semester I ☐Semester II

PLEASE INDICATE THE YEAR FOR PROGRAMME OF STUDY: ☐1st Year ☐ 2nd Year ☐3rd Year ☐ 4th Year & over

FACULTY OF REGISTRATION: _____

PROGRAMME ENROLLED: _____
            Name of Programme   Degree Level (eg., BSc/MA/)

(A) ☐Diploma   ☐Undergraduate Degree   ☐Postgraduate Degree   (B) ☐UGC funded   ☐Non-UGC Funded

I certify that the above information is true and accurate.

Signature of Staff Member   _____   Signature of Dependent _____

Date _____   Date _____

| **FOR OFFICIAL USE ONLY** |
| **Certified by:**…………………………………….. (for Campus Registrar)   **Date** …………………………………….. |

Please print on Legal-sized paper.