

**THE UNIVERSITY OF THE WEST INDIES  
CAVE HILL CAMPUS**

**ENGLISH LANGUAGE PROFICIENCY TEST REGISTRATION FORM**

**Receipt # .....**

**Paid .....**

**Registration Fee: BDS\$50.00**

SECTION A: Complete this form and return to the UWI, Cave Hill Campus, Admissions Section. Please return form with the receipt as proof of payment.

**PLEASE TYPE or PRINT**

1. **NAME:** \_\_\_\_\_  
(SURNAME) (FIRST NAME) (MIDDLE NAME)

2. **DATE OF BIRTH:** \_\_\_\_\_  
(Day/Month/Year)

3. **ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

4. **TEL No:** \_\_\_\_\_

5. **FACULTY OF 1<sup>ST</sup> CHOICE:** \_\_\_\_\_

6. **PREVIOUS/PRESENT UWI STUDENT I.D NO. (If any):** \_\_\_\_\_

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**SECTION B: PLEASE DO NOT DETACH.**

1. **NAME:** \_\_\_\_\_  
(SURNAME) (FIRST NAME) (MIDDLE NAME)

2. **FACULTY OF 1<sup>ST</sup> CHOICE:** \_\_\_\_\_

3. **PREVIOUS/PRESENT UWI STUDENT I.D NO. (If any):** \_\_\_\_\_

**DATE OF TEST: THURSDAY, FEBRUARY 19, 2015**