



THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS, BARBADOS
TRANSCRIPT REQUEST FORM

Student ID#.....

TO: Assistant Registrar (Examinations)

Dear Madam

I am/was in attendance at the University of the West Indies, Cave Hill Campus under the name:

Mrs/Miss/Mr

From 19.....to 19 In the Faculty of

19.....to 20 In the Faculty of

20.....to 20..... In the Faculty of

I graduated/did not graduate. Is this your first transcript? YES () No ()

Please forward at the earliest convenience to the following:

PLEASE PRINT NAME AND MAILING ADDRESS OF INSTITUTION/UNIVERSITY

(1)..... (2).....

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Your Phone No. Work..... Home:

N.B. Please note that:

(a) The first transcript is free of cost, but there is a charge of BDS \$5.00 for each additional transcript;

(b) Official transcripts must be forwarded to Institutions and/or Public Corporations unless otherwise stipulated;

(c) Student copies can be collected if desired NB: These student copies do not carry a stamp or signature)

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(Signature)

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(Date)

My Mailing address is:-

(OFFICIAL USE ONLY)

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Paid \$

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Receipt #

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Date.....

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Signature.....