DEPARTMENT OF BIOLOGICAL AND CHEMICAL SCIENCES
FACULTY OF SCIENCE AND TECHNOLOGY
THE UNIVERSITY OF THE WEST INDIES
CAVEHILL CAMPUS, BARBADOS

REGISTRATION AND ACCOUNTING FORM FOR TUTORING/DEMONSTRATING
BIOLOGICAL AND CHEMICAL SCIENCES

NAME _____

ADDRESS _____

EMAIL ADDRESS _____

CONTACT NUMBERS _____

DATE	COURSE CODE	DEMONSTRATING HOURS	TUTORIAL HOURS	LECTURE HOURS	SUPERVISOR

TOTAL NUMBERS OF HOURS: **DEMONSTRATING** _____
TUTORIALS _____
LECTURES _____

_____ _____
Date Signature