

EXCHANGE/STUDY ABROAD UNIVERSITY: _____

PERIOD ABROAD: SEMESTER _____ ACADEMIC YEAR _____

COURSES TO BE TAKEN AT HOST UNIVERSITY (include course code and course name)	UWI CAVE HILL EQUIVALENT	AUTHORISED BY HEAD/NOMINEE

STUDENT=S SIGNATURE: _____

DATE: _____

I APPROVE THE ACADEMIC PROGRAMME: YES NO

DOES STUDENT MEET THE MINIMUM GPA OF 3.0? YES NO

Comments.....

.....

HEAD OF DEPARTMENT

DEAN

PLEASE RETURN TO THE INTERNATIONAL OFFICE BY JANUARY 31ST PRECEDING THE ACADEMIC YEAR OF EXCHANGE