



THE UNIVERSITY OF THE WEST INDIES
School for Graduate Studies and Research

**APPLICATION FOR
CARIBBEAN CATASTROPHE RISK INSURANCE FACILITY (CCRIF)
GRADUATE SCHOLARSHIP**

INSTRUCTIONS TO APPLICANTS

Complete ***TWO (2) COPIES*** of this form, and forward directly to the *Secretary, Graduate Scholarship Committee, Campus Office of Graduate Studies and Research, The University of the West Indies. To be considered for a Scholarship you must have submitted an application to read for a higher degree at this Campus or be currently registered for a higher degree.*

Name: _____

(Surname) **BLOCK LETTERS** (Other Names)

Student I.D. No. _____
(if UWI Student)

Mailing Address: _____

Marital Status: Single Married Common Law Legally Separated Divorced Widowed

Date of Birth: _____ Place of Birth: _____ Country of Citizenship: _____

Faculty to which you have applied/are registered: _____ Department: _____

Degree (please tick): MSc MPhil PhD Title of Degree: _____

UNDERGRADUATE DEGREE

Name of University: _____

Degree and Major: _____ Date of Award: _____

Class of Degree or GPA: _____

GRADUATE DEGREE

Name of University: _____

Degree and Title: _____ Date of Award: _____

Field of Research/Title of Thesis: _____

ARE YOU BONDED TO GOVERNMENT OR EMPLOYER? YES/NO

If yes, please provide details: _____

REFEREES

All applicants must give below the names and addresses of two (2) referees who have already submitted or who are prepared to submit reports about you on forms available from the Campus Office of Graduate Studies and Research.

- 1. _____

- 2. _____

Completed referee reports are to be sent directly to the campus to which you have applied/are registered addressed to the *Secretary, Graduate Scholarship Committee, Campus Office of Graduate Studies and Research, The University of the West Indies.*

DECLARATION OF APPLICANT

I certify that the facts stated are correct and I declare that I am willing to abide by the Regulations of The University of the West Indies.

Signature of Applicant _____
Date

OFFICIAL USE ONLY

Re: Applicant for Admission

Comments by Head of Department to which applicant is seeking admission as a new Graduate student.

- a) Do adequate facilities/materials for this research work exist? _____
- b) What ancillary expenses will be incurred? _____

- c) What is the normal duration of the course? _____

Re: Current student

Comments by Head of Department in which candidate obtained degree or is currently reading for a degree.

Please state your confidential assessment of the candidate, and return under confidential cover to the Secretary, Graduate Scholarship Committee, Campus Office of Graduate Studies and Research, The University of the West Indies. (Attach additional page(s) if necessary).

Name of Head of Department

 Signature of Head of Department _____
Date