

## The University of The West Indies Global Campus

## **REQUEST FOR TUITION DISCOUNT (Online programmes only)**

PART A				
STAFF ID NO.		STUDE	STUDENT ID NO.	
NAME				
SURNAME		ST NAME	MIDDLE NAME	
CAMPUS (Select the appropriate boxes below)				
MONA	ST. AUGUSTINE	CAVE HIL	L	
Program Enrolled I certify that the above information is accurate and correct				
Date Signature of Staff Member				
PART B (To be completed by the campus HRD) I certify that the person whose name appears above is a full time employee of The UWI, and should benefit from The Global Campus tuition discount				
Date				
Certified by: Director Human Resources				
PART C: To be completed by GCCS site I certify that above named employee has accepted a place to pursue a course of study in an online programme as stated above for the academic year commencing				
Signature of Head of Site	Date			
For Official Use Only (GCHRD)				
	Approve	ed	Not Approved	
Signature		Date		

Director of Human Resources