



The University of the West Indies
Open Campus St. Lucia
Local Programme Registration Form

Course applying for: _____

Section A

Academic Year: _____ Student ID Number: _____

Surname: _____ Given Name (s) _____

D.O.B. (D/M/Y): ___/___/___ Male: _____ Female: _____

Home Address: _____

Work Address: _____

Telephone Nos. (W): _____ (H) _____ (M) _____

E-mail: _____

Section B

Qualifications (Professional/Academic)

Examining body	Level	Subject	Grade	Date awarded

Section C: Work Experience

Institution		From	To	Position Held
Name	Address			

Student's signature

Date (D/M/Y)

Site Co-ordinator/
Head of Centre signature

Date (D/M/Y)

NB. A copy of your picture ID must be submitted along with this registration form.