



# The University of The West Indies Global Campus

## REQUEST FOR TUITION DISCOUNT

### PART A

STAFF ID NO.

STUDENT ID NO.

NAME

SURNAME

FIRST NAME

MIDDLE NAME

POST (TITLE)

DEPARTMENT

JOB STATUS (Select the appropriate boxes below)

Temporary

Contract

Full Time

Date of Appointment

Program Enrolled

Diploma

Certificate

Degree

Post Graduate

I certify that the above information is accurate and correct

Signature of Staff Member

Date

### PART B (To be completed by the Site)

I certify that the above named employee has accepted a place to pursue a course of study as stated above for the academic year commencing

Signature of Head of Site

Date

### For Official Use Only

I certify that the person whose name appears above is a full time employee of The UWI Global Campus and should benefit from the 25% tuition discount

Certified by

Date

Director of Human Resources