



**THE UNIVERSITY OF THE WEST INDIES
OPEN CAMPUS**

REPLY FORM

NAME _____

FACULTY _____

DEGREE PROGRAMME _____

Please tick as appropriate:

- I accept the offer of a place in the above Programme
- I do not accept the offer of a place in the above Programme

Please indicate reason (s) for non-acceptance

HOME ADDRESS _____ **EMPLOYER** _____

TELEPHONE NO. _____ **TELEPHONE NO.** _____

OPEN CAMPUS SITE _____

Signature of Applicant _____ **Date** _____

Please return this form to your Site Coordinator for transmission to:

**Assistant Registrar Admissions (Open Campus)
Formerly School of Continuing Studies
Next to Central Stationery Stores
The University of the West Indies
St. Augustine
Trinidad WI**