



The University of the West Indies  
Global Campus St. Lucia  
CPE Programme Registration Form

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Course: \_\_\_\_\_

Academic Year: \_\_\_\_\_ Student ID: \_\_\_\_\_

Surname: \_\_\_\_\_ Given Name (s): \_\_\_\_\_

D.O.B. (D/M/Y): \_\_/\_\_/\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Telephone Nos. (W): \_\_\_\_\_ (H) \_\_\_\_\_ (M) \_\_\_\_\_

E-mail: \_\_\_\_\_

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Have you previously applied to UWI Global Campus?

Yes\_\_ No \_\_

Have you previously been a student at the UWI?

Yes \_\_ No \_\_

If yes, please state the following:

From (year): \_\_\_\_\_ To (year): \_\_\_\_\_ Campus /Centre: \_\_\_\_\_

Programme: \_\_\_\_\_

Academic Qualifications – Caribbean Examination Council (CXC) etc.

Examining body	Level	Subject	Grade	Date awarded

Other Qualifications:

Institution	Course (s)	Grade	Certificate/Diploma	Date awarded

Work experience:

Institution		From	To	Position Held
Name	Address			

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date (D/M/Y)

\_\_\_\_\_  
Programme Officer

\_\_\_\_\_  
Date (D/M/Y)