



**The University of the West Indies
Open Campus St. Lucia**

CPE Programmes Registration Form

Course Applying For _____

Section A

Academic Year: _____

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)