



THE UNIVERSITY OF THE WEST INDIES
OPEN CAMPUS

STUDENT DECLARATION
(For Students under the Age of Eighteen Years)

To: Campus Registrar, UWI, Open Campus

I, -----(Parent/Guardian/Other*) hereby declare and agree that in the event that my (Child's /Ward's /Other*) sponsor (including Government) fails to pay the tuition fees for the programmes/courses for which he/she is registered with the UWI, Open Campus, I will become personally liable for the full cost of tuition for these programmes/courses.

Name

Date

Witness

Date

***Please select the appropriate category. Where the Declarant has selected 'Other'. Please provide the capacity in which declaration is being made)**