THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS

FACULTY OF PURE AND APPLIED SCIENCES

REQUEST FOR LEAVE OF ABSENCE

Academic Year 20..../20....

SURNAME:	OTHER NAMES:	
Student I.D. No.	LEVEL: ❑ I (New) ❑ I (Continuing) ❑ II ❑ III	Telephone: Email:
Address (Local)	Address (Overseas)	
Degree Programme: BSc		

Type and Period of Leave requested:

1. Short Leave (1-14 days): Period: __/__/__ to __/__/__ (D M Y D M Y)

2. Long Leave: [] Semester I only [] Semester II only []Academic Year

Briefly state your reason for the requested leave:

Signature ..... Date .....

OFFICIAL USE (DEAN'S OFFICE)

Comments _____

_____

Decision _____