



**THE UNIVERSITY OF THE WEST INDIES  
CAVE HILL CAMPUS**

**FACULTY OF SCIENCE AND TECHNOLOGY**

**REQUEST FOR LEAVE OF ABSENCE**

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

<b>SURNAME:</b>		<b>OTHER NAMES:</b>	
Student I.D. No.	<b>LEVEL:</b> <input type="checkbox"/> I (New) <input type="checkbox"/> I (Continuing) <input type="checkbox"/> II <input type="checkbox"/> III	Telephone:	
		Email:	
Address (Local)		Address (Overseas)	
Degree Programme: BSc			
Period of Leave requested: <input type="checkbox"/> Semester I only <input type="checkbox"/> Semester II only <input type="checkbox"/> Academic Year			
Briefly state your reason for the requested leave:			

Signature: ..... Date: .....

**OFFICIAL USE (DEAN'S OFFICE)**

Comments: \_\_\_\_\_

\_\_\_\_\_

Decision: \_\_\_\_\_