



**THE UNIVERSITY OF THE WEST INDIES  
CAVE HILL CAMPUS, P. O. BOX 64, BRIDGETOWN**

**APPLICATION FOR LEAVE OF ABSENCE FROM THE UNIVERSITY**

TO: Senior Assistant Registrar, School for Graduate Studies & Research

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_  
Name of Student (Please Print) Student ID Number

PROGRAMME: \_\_\_\_\_

FACULTY: \_\_\_\_\_

I hereby apply for Leave of Absence from the University for:

*(Please tick and complete appropriate box)*

Academic Year 20\_\_ /20\_\_     Semester I, 20\_\_ /20\_\_     Semester II, 20\_\_ /20\_\_

For the following reason:

*(Please tick appropriate box)*

Financial     Work-related     Personal     No course available this semester

Medical (**Medical Certificate to be attached**)

\_\_\_\_\_  
Signature of Student

**OFFICIAL USE ONLY**

Previous Periods of Leave: \_\_\_\_\_  
\_\_\_\_\_

Recommendation of Head of Department: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Head of Department

\_\_\_\_\_  
Signature of Campus Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date