



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

APPLICATION FOR LEAVE OF ABSENCE

<b>SURNAME:</b>		<b>OTHER NAMES:</b>	
<b>STUDENT ID:</b>	<b>LEVEL:</b> <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three	<b>Telephone:</b>	
<b>Degree Programme: LLB</b>			
<b>ADDRESS (LOCAL)</b>		<b>ADDRESS (OVERSEAS)</b>	

**Period of Leave requested:**

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

*Briefly state your reason for the requested leave:*

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICIAL USE ONLY**

**Previous periods of leave:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendations of Head of Department:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date