



THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS

FACULTY OF LAW
LL.B. PROGRAMME

REQUEST FOR LEAVE OF ABSENCE

(This form is for use by the Faculty of Law students only)

Academic Year 20_____

SURNAME:		OTHER NAMES:	
STUDENT ID No.:	LEVEL:	Telephone:	
	One (Continuing)	_____	
	Two	Email:	
ADDRESS (LOCAL)		ADDRESS (OVERSEAS)	
_____		_____	

Period of Leave requested:

Academic Year

Semester I (only)

Semester II (only)

Briefly state your reason for the requested leave:

Signature: _____ **Date:** _____

Please return completed form to the Faculty of Law Office via email lawdean@cavehill.uwi.edu.

OFFICIAL USE (DEAN'S OFFICE)

COMMENTS: _____

Recommendations of Head of Department: _____

Signature _____ **Date:** _____