



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

**FACULTY OF LAW**  
**LL.B. PROGRAMME**

**REQUEST TO WRITE SUPPLEMENTAL EXAMINATIONS**

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

**Academic Year 20** \_\_\_\_\_

Please complete the information below and submit to the Faculty of Law Office via email [lawdean@cavehill.uwi.edu](mailto:lawdean@cavehill.uwi.edu) for **approval**.

Students must note that failures would compute in the GPA each time the failure occurs.

<b>SURNAME:</b>		<b>OTHER NAMES:</b>	
<b>STUDENT ID No.:</b>	<b>LEVEL:</b>	<b>Telephone:</b>	
	One (Continuing)	_____	
	Two	<b>Email:</b>	
	Three	_____	
<b>COURSE CODE:</b>		<b>COURSE TITLE:</b>	
<i>Briefly state your reason for requesting supplemental(s):</i>			

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**COMMENTS:** \_\_\_\_\_

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

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_