

**THE UNIVERSITY OF THE WEST INDIES, CAVE HILL CAMPUS
FACULTY OF HUMANITIES AND EDUCATION**

REQUEST FOR LEAVE OF ABSENCE

ACADEMIC YEAR: 20____/20____	SURNAME:	OTHER NAME(S):
STUDENT ID NO:	LEVEL: <input type="checkbox"/> One (New) <input type="checkbox"/> One (Continuing) <input type="checkbox"/> Two <input type="checkbox"/> Three	MAJOR:
TELEPHONE 1:	TELEPHONE 2:	EMAIL (Please write legibly):
ADDRESS 1 (Local):		Address 2 (Overseas):

TYPE AND PERIOD OF LEAVE REQUESTED:

- Short Leave** (1-14 days): Period _____ to _____
- Long Leave:** Semester I only Semester II only Academic Year

REASON FOR LEAVE:

- Financial Work-related Personal Not registered for any Semester I courses
 Medical (Medical Certificate required) Other (Please state)

Please state your reason for the requested leave:

Have you been granted Leave of Absence before? Yes No

If Yes, please list period(s):

	Academic Year	Semester	Dates (enter for short leave only)
1 st			
2 nd			
3 rd			
4 th			

Signature of Student Date ____/____/____

OFFICIAL USE ONLY

Comments:

Dean's Signature