UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS

FACULTY OF SOCIAL SCIENCES

REQUEST FOR LEAVE OF ABSENCE

Academic Year 20___/20___

SURNAME:	OTHER NAMES:	
Student I.D. No.	LEVEL: ‘ I (New) ‘ I (Continuing) ‘ II ‘ III	Telephone:
Address (Local)	Address (Overseas)	
Degree Programme: BSc		

Type and Period of Leave requested:

1. Short Leave (1-14 days): Period: _____|_____|_____ **to** _____|_____|_____
   D M Y D M Y

2. Long Leave: ‘ Semester I Only ‘ Semester II Only ‘ Academic Year

Briefly state your reason for the requested leave:

Signature ..... Date .....

OFFICIAL USE (DEAN’S OFFICE)

Comments _____

_____

Leave Approved ‘ Leave Not Approved ‘

Signature …….. Date ……..