

UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS

FACULTY OF SOCIAL SCIENCES

**PERMISSION TO CARRY FORWARD
COURSEWORK MARK**

Academic Year 20__/20__

SURNAME:		OTHER NAMES:	
Student I.D. No.:		Telephone:	
Address (Local):		Address (Overseas):	
Degree Programme: BSc.			
Course Code & Title:			
PLEASE TICK THE DESIRED BOX			
FROM:	<input type="checkbox"/> Semester I	<input type="checkbox"/> Semester II	Year 20__/20__
TO:	<input type="checkbox"/> Semester I	<input type="checkbox"/> Semester II	Year 20__/20__
REASON: <input type="checkbox"/> Medical Consideration <input type="checkbox"/> Other Consideration			

Signature: **Date:**

OFFICIAL USE (DEAN'S OFFICE)

Comments _____

Decision _____