



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

FACULTY OF SCIENCE AND TECHNOLOGY

REQUEST FOR LEAVE OF ABSENCE

Academic Year 20...../20.....

SURNAME:		OTHER NAMES:	
Student I.D. No.	LEVEL: <input type="checkbox"/> I (Continuing) <input type="checkbox"/> II <input type="checkbox"/> III	Telephone:	
		Email:	
Address (Local)		Address (Overseas)	
Degree Programme: BSc			
Period of Leave requested:			
Short Leave (1-14 days)		From:	To:
Long Leave		<input type="checkbox"/> Semester I only	<input type="checkbox"/> Semester II only
		<input type="checkbox"/> Academic Year	
Briefly state your reason for the requested leave:			

Signature: **Date:**

Please return completed form via email fst@cavehill.uwi.edu. This form is for use by the Faculty of Science and Technology students only.

OFFICIAL USE (DEAN'S OFFICE)	
Comments:	_____
Decision:	_____
Signature:	Date: _____