



**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 (New) <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: <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:

OFFICIAL USE (DEAN'S OFFICE)

Comments: _____

Decision: _____