



THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS

FACULTY OF SCIENCE AND TECHNOLOGY

VOLUNTARY WITHDRAWAL

*Kindly complete this form if you wish to withdraw **ENTIRELY** from an undergraduate degree program in the Faculty of Science and Technology. Once the form has been processed, you must reapply to the University and be readmitted to resume studies. Should you wish to **ONLY** take leave from the University for a semester or an academic year please complete the Leave of Absence Form instead.*

SURNAME: _____ OTHER NAMES: _____

STUDENT ID #: _____ EMAIL: _____

TELEPHONE: _____ (home) _____ (cell)

ADDRESS (local) _____

ADDRESS (overseas students) _____

DEGREE PROGRAMME: _____

LEVEL: PRELIM [] LEVEL 1 [] LEVEL II [] LEVEL III []

BRIEFLY STATE REASON FOR WITHDRAWAL

Signature:..... Date:.....

*Please return completed form to the Faculty Office, Faculty of Science and Technology 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: _____