



THE UNIVERSITY OF THE WEST INDIES  
CAVE HILL CAMPUS  
FACULTY OF SCIENCE AND TECHNOLOGY  
*WAIVER OF FEES FORM*



SURNAME:	OTHER NAMES:
STUDENT I.D. NO:	
TELEPHONE NO.:	(H) (W) (C)
UWI EMAIL ADDRESS:	
DEGREE PROGRAMME:	
YEAR OF ENTRY:	
EXPECTED DATE OF COMPLETION:	
WAIVER REQUEST: TUITION FEES [ ] ECONOMIC COST [ ] BOTH [ ]	
LAST WAIVER GRANTED:	PERIOD OF WAIVER: SEMESTER: One [ ] Two [ ]
ADDRESS (LOCAL):	ADDRESS (OVERSEAS):
STATE YOUR REASON FOR WAIVER OF FEES:	
STUDENT'S SIGNATURE:	DATE:

*OFFICIAL USE ONLY*

**NAME OF SUPERVISOR:**

**SUPERVISOR'S COMMENTS:**

**SUPERVISOR'S SIGNATURE:**

**DATE:**

**DEAN'S COMMENTS:**

**DEAN'S SIGNATURE:**

**DATE:**

