



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

LEAVE OF ABSENCE
(Faculty of Science and Technology Students Only)

INSTRUCTIONS

This form must be completed in **BLOCK CAPITALS** and submitted to the Dean, Faculty of Science and Technology before the course add/drop deadline at the start of each Semester.

SECTION A – TO BE COMPLETED BY STUDENT AND EMAILED TO fst@cavehill.uwi.edu

| | | | |
|---|--|----------------------|----------------------|
| | LAST NAME | FIRST NAME | MIDDLE NAME |
| NAME OF STUDENT: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| I.D. # | <input type="text"/> | TELEPHONE: | <input type="text"/> |
| EMAIL ADDRESS: | <input type="text"/> | | |
| LEVEL: | Level I [] | Level II [] | Level III [] |
| ADDRESS: | <input type="text"/> | | |
| DEGREE PROGRAMME: | <input type="text"/> | | |
| PERIOD OF LEAVE REQUESTED: | <p>SHORT LEAVE (1-14 days): FROM: _____ TO: _____</p> <p>LONG LEAVE:</p> <p>SEMESTER I [] SEMESTER II [] ACADEMIC YEAR []</p> | | |
| BRIEFLY STATE YOUR REASON FOR THE REQUESTED LEAVE: | <input type="text"/> | | |
| SIGNATURE OF STUDENT: | <input type="text"/> | DATE: | <input type="text"/> |

SECTION B – OFFICIAL USE ONLY – DEAN'S OFFICE

| | | | |
|---------------------------|----------------------|------------------|----------------------|
| ACADEMIC STANDING: | <input type="text"/> | | |
| COMMENT: | <input type="text"/> | | |
| DECISION: | APPROVED [] | NOT APPROVED [] | |
| SIGNATURE OF DEAN: | <input type="text"/> | DATE: | <input type="text"/> |