



THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS

FACULTY OF SCIENCE AND TECHNOLOGY

REQUEST FOR LATE WITHDRAWAL

Semester

PLEASE NOTE: LATE WITHDRAWAL DOES NOT NULLIFY YOUR FINANCIAL OBLIGATIONS TO THE UNIVERSITY.

Student Information		
Surname:		Given names:
Degree Programme:		
Student I.D. No.:		Level :
Contact Details		
Telephone:	(h)	(c)
Email(s):		
Please list all course codes & titles as well as CRNs for which you have registered and indicate for which course(s) you are requesting late withdrawal.		
Course Code & Title CRNs		Course Code & Title CRNs
<input type="checkbox"/>		<input type="checkbox"/>
Course Code & Title CRNs		Course Code & Title CRNs
<input type="checkbox"/>		<input type="checkbox"/>
Course Code & Title CRNs		Course Code & Title CRNs
<input type="checkbox"/>		<input type="checkbox"/>
Reason(s) for late withdrawal:		
Financial reasons <input type="checkbox"/> Family reasons <input type="checkbox"/> Work reasons <input type="checkbox"/> Maternity <input type="checkbox"/>		
Personal reasons <input type="checkbox"/> Course selection <input type="checkbox"/> Medical reasons <input type="checkbox"/>		
Other <input type="checkbox"/> _____		
Briefly explain your reason for the requested Late Withdrawal _____ _____ _____ _____		
I have read and understood the possible financial implications of late withdrawal.		
Signature:		Date: / / (dd/mm/year)
FOR OFFICIAL USE ONLY		
Comments: _____ _____ _____ _____		
Late withdrawal Approved <input type="checkbox"/> Denied <input type="checkbox"/>		
Signature:		Date: / / (dd/mm/year)
DEAN, FST		