



**THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS, P. O. BOX 64, BRIDGETOWN**

APPLICATION FOR LEAVE OF ABSENCE FROM THE UNIVERSITY

TO: Senior Assistant Registrar, School for Graduate Studies & Research
DATE: _____
FROM: _____
Name of Student (Please Print) Student ID Number
PROGRAMME: _____
FACULTY: _____

I hereby apply for Leave of Absence from the University for:
(Please tick and complete appropriate box)

Academic Year 20__ /20__ Semester I, 20__ /20__ Semester II, 20__ /20__

For the following reason:
(Please tick appropriate box)

Financial Work-related Personal No course available this semester
 Medical (**Medical Certificate to be attached**)

Signature of Student

OFFICIAL USE ONLY

Previous Periods of Leave: _____

Recommendation of Head of Department: _____

Signature of Head of Department

Signature of Campus Coordinator

Date

Date