



# THE UNIVERSITY OF THE WEST INDIES

CAVE HILL CAMPUS, P. O. BOX 64, BRIDGETOWN

## THE SCHOOL FOR GRADUATE STUDIES AND RESEARCH

### APPLICATION FOR LEAVE OF ABSENCE FROM THE UNIVERSITY

**TO:** Senior Assistant Registrar, School for Graduate Studies & Research

**DATE:**

**FROM:**

**PROGRAMME:**

**FACULTY:**

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

Academic Year \_\_\_\_/\_\_\_\_     Semester I, \_\_\_\_/\_\_\_\_     Semester II, \_\_\_\_/\_\_\_\_

**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     Date:

Signature of Campus Coordinator     Date:

**Note on Digital Signatures:**  
If you wish to create or add a digital signature certificate, you can follow this quick video tutorial:  
<https://www.youtube.com/watch?v=z8ISCq6TX7o>  
Alternatively, you may insert your saved signature as an image directly into the signature field. Once you place the image in the signature box, simply press the Escape key on your keyboard to move to the date field. (This method is usually quicker and easier.)