



**THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS**

**FACULTY OF LAW
LL.B. PROGRAMME**

REQUEST FOR LATE WITHDRAWAL FROM COURSE(S)

(This form is for use by the Faculty of Law students only)

SEMESTER I 20_____

SEMESTER II 20_____

Please note that you are still responsible for all financial obligations to the University of the West Indies should you take a late withdrawal.

SURNAME:		OTHER NAMES:	
STUDENT ID No.:	LEVEL: One (Continuing) Three	Two	TELEPHONE: EMAIL:
<i>Please list all course codes, titles and CRNs for which you have registered and indicate for which course(s) you are requesting late withdrawal.</i>			
Course Code, Title and CRNs		Course Code, Title and CRNs	
Course Code, Title and CRNs		Course Code, Title and CRNs	
Course Code, Title and CRNs		Course Code, Title and CRNs	
Reason(s) for late withdrawal:			
Financial	Work	Personal	Medical
Family	Course(s) not offered	Other	
<i>Briefly state your reason for the requested Late Withdrawal:</i>			

I have read and understood the financial implications of late withdrawal.

Signature: _____ Date: _____

Please return completed form to the Faculty of Law Office via email: lawdean@cavehill.uwi.edu.

<u>OFFICIAL USE ONLY</u>		
COMMENTS: _____		

Late Withdrawal:	APPROVED	DENIED
Signature _____		Date: _____