



UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS
FACULTY OF SPORT

CHANGE OF OPTION 20____/20____

1. SURNAME: _____ 2. OTHER NAMES: _____

3. STUDENT I.D. NO.: _____ 4. LEVEL: Lv I Lv II Lv III

5. Telephone: (H) _____ (W) _____ Email: _____

6. Address (Local):

Home Address (For overseas students):

7. Current Option: B.Sc. _____

8. State desired Option: B.Sc. _____

9. Briefly state reason for Change of Option: _____

Signature:

Date:

THE DEADLINE DATE FOR CHANGE OF OPTION IS JUNE 30th

*Please return completed form to the Academy of Sport Office. **This form is for use by Faculty of Sport students only.***

OFFICIAL USE - DEAN'S OFFICE

Comments _____

Student Record:- No of [A's_____] [B+'s_____] [B's_____] [C's_____] [F's_____]]

Change Approved Change Not Approved

.....Signature (Dean, Faculty of Sport)

Date: 2018 / /