

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

**Request for Late Withdrawal**

Academic Year 20\_\_/20\_\_

**STUDENTS ARE ASKED TO NOTE THAT LATE WITHDRAWAL DOES NOT NULLIFY YOUR FINANCIAL OBLIGATIONS TO THE UNIVERSITY. YOU ARE ADVISED TO CONSULT THE BURSARY TO CONFIRM/ESTABLISH THE FINANCIAL IMPLICATIONS OF LATE WITHDRAWAL AT THIS STAGE.**

<b>Student Information</b>		
<b>Surname:</b>	<b>Given names:</b>	
<b>Degree Programme: BSc.</b>		
<b>Student I.D. No.:</b>	<b>Level :</b> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>	
<b>Contact Details</b>		
<b>Telephone:</b>	<b>(h)</b>	<b>(c)</b>
<b>(w)</b>		
<b>Email(s):</b>		
<b>Please list all course codes &amp; titles as well as CRNs for which you have registered and indicate for which course(s) you are requesting late withdrawal.</b>		
Course Code & Title CRNs	<input type="checkbox"/>	Course Code & Title CRNs
		<input type="checkbox"/>
Course Code & Title CRNs	<input type="checkbox"/>	Course Code & Title CRNs
		<input type="checkbox"/>
Course Code & Title CRNs	<input type="checkbox"/>	Course Code & Title CRNs
		<input type="checkbox"/>
<b>Reason(s) for late withdrawal:</b>		
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"/> _____		
<b>I have read and understood the possible financial implications of late withdrawal.</b>		
Signature: .....	Date:	/ / (dd/mm/year)

**OFFICIAL USE ONLY**

Comments:

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**Late withdrawal**

Approved

Denied

Signature: .....

Date:    /    /    (dd/mm/year)