

**University of the West Indies**  
 CAVE HILL • MONA • OPEN • ST. AUGUSTINE  
**Faculty of Sport**

Required to Withdraw Waiver Request

TO BE COMPLETED BY STUDENT IN CAPITAL LETTERS.

<b>Student Information</b>			
Surname:		Given names:	
Student ID#:		Year of entry and Campus:	
Programme:		Year of entry into programme (if different from above):	
Level :	I //	II //	III //
		Number of Courses Completed:	
<b>Contact Details</b>			
Telephone:	(h)	(c)	(w)
Email(s):			
Semester of last registration:		Degree GPA:	
Reason(s) contributing to Required to Withdraw (RTW) Status			
Financial reasons //	Family reasons //	Work reasons //	Maternity //
Personal reasons //	Course selection //	Medical reasons //	
Other // _____			
Is a change of option preferred?    Yes //    No //			
If yes which programme option is desired? B.Sc. _____			
Briefly state how you intend to pursue the programme if the required to withdraw regulation is waived to allow you to continue:			

Signature: .....Date:... / / (dd/mm/year)

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<b>Level I Students</b>	
Waiver recommended?	Yes // No //
Change of Option recommended?	Yes // No //
If yes what option is recommended? _____	
<b>Level II/III Students</b>	
Level II/III courses required to complete programme:	Degree GPA:
If Degree GPA is below 2.00	
Is degree GPA recoverable to 2.00?	Yes // No //
If needed provide average GPA required to be eligible to graduate (minimum GPA 2.00): _____	
Waiver recommended	Yes // No //
Comments: _____	
_____	
_____	
_____	
Signature: .....	Date: / / (dd/mm/year)