



THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS
FACULTY OF MEDICAL SCIENCES

REQUEST FOR LATE WITHDRAWAL

PLEASE NOTE: LATE WITHDRAWAL DOES NOT NULLIFY YOUR FINANCIAL OBLIGATIONS TO THE UNIVERSITY.

<i>Student Information</i>		
Surname:		Given names:
Degree Programme:		
Student I.D. No.:		Level : Semester:
<i>Contact Details</i>		
Telephone:	(h)	(c) (w)
Email(s):		
<i>Please list all course codes & titles as well as CRNs for which you have registered and indicate for which course(s) you are requesting late withdrawal.</i>		
Course Code & Title CRNs		Course Code & Title CRNs
Course Code & Title CRNs		Course Code & Title CRNs
Course Code & Title CRNs		Course Code & Title CRNs
Reason(s) for late withdrawal:		
Financial reasons Family reasons Work reasons Maternity		
Personal reasons Course selection Medical reasons		
Other _____		
Briefly explain your reason for the requested Late Withdrawal _____		
<i>I have read and understood the possible financial implications of late withdrawal.</i>		
Signature:		Date:
FOR OFFICIAL USE ONLY		
Comments: _____		
Late withdrawal Approved Denied		
Signature:		Date:
DEAN, FMS		