

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

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.

Student Information		
Surname:	Given names:	
Degree Programme: BSc.		
Student I.D. No.:	Level : I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>	
Contact Details		
Telephone:	(h)	(c)
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 <div style="text-align: right;"><input type="checkbox"/></div>	Course Code & Title CRNs <div style="text-align: right;"><input type="checkbox"/></div>	
Course Code & Title CRNs <div style="text-align: right;"><input type="checkbox"/></div>	Course Code & Title CRNs <div style="text-align: right;"><input type="checkbox"/></div>	
Course Code & Title CRNs <div style="text-align: right;"><input type="checkbox"/></div>	Course Code & Title CRNs <div style="text-align: right;"><input type="checkbox"/></div>	
Reason(s) for late withdrawal:		
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"/> _____		
<i>I have read and understood the possible financial implications of late withdrawal.</i>		
Signature:		Date: / / (dd/mm/year)

OFFICIAL USE ONLY

Comments:

Late withdrawal

Approved ☐

Denied ☐

Signature:

Date: / / (dd/mm/year)