

University of the West Indies
Cave Hill Campus
Faculty of Social Sciences

Required to Withdraw Waiver Request

TO BE COMPLETED BY STUDENT IN CAPITAL LETTERS.

Student Information		
Surname:	Given names:	
Student ID#:	Year of entry into U.W.I Cave Hill:	
Programme:		Year of entry into programme (if different from above):
Level : I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>	Number of Courses Completed:	
Contact Details		
Telephone: (h)	(c)	(w)
Email(s):		
Semester of last registration:	Degree GPA:	
Reason(s) contributing to Required to Withdraw (RTW) Status		
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"/> _____		
Is a change of option preferred? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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)

SUBMIT

FOR OFFICIAL USE ONLY

Level I Students	
Waiver recommended?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Change of Option recommended?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes what option is recommended? _____	
Level II/III Students	
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 <input type="checkbox"/> No <input type="checkbox"/>	
If needed provide average GPA required to be eligible to graduate (minimum GPA 2.00): _____	
Waiver recommended Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments: _____ _____ _____ _____	
Dean's Signature: <div style="float: right; text-align: right;"> Date: / / (dd/mm/year) </div>	