

UNIVERSITY OF THE WEST INDIES  
CAVE HILL CAMPUS

FACULTY OF SOCIAL SCIENCES

**PERMISSION TO CARRY FORWARD  
COURSEWORK MARK**

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

<b>SURNAME:</b>	<b>OTHER NAMES:</b>
<b>STUDENT I.D. NO.:</b>	<b>TELEPHONE NO.:</b>
<b>DEGREE PROGRAMME: BSc.</b>	
<b>COURSE CODE(S) &amp; TITLE(S):</b>	
<b>PLEASE TICK THE DESIRED BOX</b>	
<b>FROM:</b>	<b>Semester I                      Semester II                      Summer                      Year 20___/20___</b>
<b>TO:</b>	<b>Semester I                      Semester II                      Summer                      Year 20___/20___</b>
<b>REASON:    Medical Consideration                      Other Consideration</b>	

STUDENT SIGNATURE: ..... DATE: .....

**SUBMIT**

**OFFICIAL USE (DEAN'S OFFICE)**

Comments \_\_\_\_\_  
\_\_\_\_\_

Decision: \_\_\_\_\_ Dean's Signature: \_\_\_\_\_