

Signature

## THE UNIVERSITY OF THE WEST INDIES

**CAVE HILL CAMPUS** 

## FACULTY OF LAW LL.B. PROGRAMME

## **VOLUNTARY WITHDRAWAL**

(This form is for use by the Faculty of Law students only)

This form is to be completed if you wish to **VOLUNTARILY WITHDRAW** from the LL.B. programme in the Faculty of Law. Please note that once an application for voluntary withdrawal is processed, you will no longer be a student and will need to re-apply to the University in order to recommence the LL.B. programme.

Should you wish to **ONLY** take leave from the University for a semester or and academic year, please click **Leave of Absence** to complete the form.

	1	
SURNAME:		OTHER NAMES:
	LEVEL:	TELEPHONE:
STUDENT ID No.:	One (Cor	ntinuing)
	Two	EMAIL:
	Three	
ADDRESS (LOCAL)		ADDRESS (OVERSEAS)
Briefly state your reason for the Withdrawal:		
Signature: Date:		
<del>8</del>		
Please return completed	form to the Fac	culty of Law Office via email: lawdean@cavehill.uwi.edu.
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	OF	FICIAL USE ONLY
	<u>01</u>	TICIAL USE ONET
COMMENTS:		
Recommendations of Head of Department:		
Accommendations of ficau of Department.		

Date: