



THE UNIVERSITY OF THE WEST INDIES  
CAVE HILL CAMPUS

FACULTY OF SCIENCE AND TECHNOLOGY

**VOLUNTARY WITHDRAWAL**

*Kindly complete this form if you wish to withdraw **ENTIRELY** from an undergraduate degree program in the Faculty of Science and Technology. Once the form has been processed, you must reapply to the University and be readmitted to resume studies. Should you wish to ONLY take leave from the University for a semester or an academic year please complete the Leave of Absence Form instead.*

**SURNAME:** \_\_\_\_\_

**OTHER NAMES:** \_\_\_\_\_

**STUDENT ID #:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **(home)** \_\_\_\_\_ **(cell)** \_\_\_\_\_

**ADDRESS (local)** \_\_\_\_\_  
\_\_\_\_\_

**ADDRESS (overseas students)** \_\_\_\_\_  
\_\_\_\_\_

**DEGREE PROGRAMME:** \_\_\_\_\_

**LEVEL:**      PRELIM       LEVEL 1       LEVEL II       LEVEL III

**BRIEFLY STATE REASON FOR WITHDRAWAL**

\_\_\_\_\_  
\_\_\_\_\_

**Signature:**..... **Date:**.....

*Please return completed form to the Faculty Office, Faculty of Science and Technology via email [fst@cavehill.uwi.edu](mailto:fst@cavehill.uwi.edu). This form is for use by the Faculty of Science and Technology students only.*

OFFICIAL USE (DEAN'S OFFICE)

Comments: \_\_\_\_\_

Decision: \_\_\_\_\_