



THE UNIVERSITY OF THE WEST INDIES

CAVE HILL CAMPUS

FACULTY OF SCIENCE AND TECHNOLOGY

WAIVER OF FEES FORM



SURNAME:	OTHER NAMES:
STUDENT I.D. NO.:	
TELEPHONE NO.:	(H) <input type="checkbox"/> (W) <input type="checkbox"/> (C) <input type="checkbox"/>
UWI EMAIL ADDRESS:	
DEGREE PROGRAMME:	
YEAR OF ENTRY:	
EXPECTED DATE OF COMPLETION:	
WAIVER REQUEST: TUITION FEES <input type="checkbox"/> ECONOMIC COST <input type="checkbox"/> BOTH <input type="checkbox"/>	
LAST WAIVER GRANTED:	PERIOD OF WAIVER: SEMESTER: One <input type="checkbox"/> Two <input type="checkbox"/>
ADDRESS (LOCAL):	ADDRESS (OVERSEAS):
STATE YOUR REASON FOR WAIVER OF FEES:	
STUDENT'S SIGNATURE:	DATE:

OFFICIAL USE ONLY

NAME OF SUPERVISOR:

SUPERVISOR'S COMMENTS:

SUPERVISOR'S SIGNATURE:

DATE:

DEAN'S COMMENTS:

DEAN'S SIGNATURE:

DATE:

