

**UNIVERSITY OF THE WEST INDIES**  
**CAVE HILL • MONA • OPEN • ST. AUGUSTINE**

**FACULTY OF SPORT**

**REQUEST FOR LEAVE OF ABSENCE**

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

SURNAME:		OTHER NAMES:	
Student I.D. No.	LEVEL: I (New) I (Continuing) II III	Telephone:	
Address (Local)		Address (Overseas)	
Degree Programme: BSc			

Type and Period of Leave requested:			
1.	<b>Short Leave</b> (1-14 days):	Period: _____ to _____	
		D M Y	D M Y
2.	<b>Long Leave:</b>	Semester I Only	Semester II Only Academic Year
Briefly state your reason for the requested leave:			

Signature ..... Date .....

**OFFICIAL USE**

Academy Head: \_\_\_\_\_

DEAN'S OFFICE: \_\_\_\_\_

Leave Approved                  Leave Not Approved

Signature ..... Date .....