



THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS, P.O. BOX 64, BRIDGETOWN, BARBADOS



ACADEMY OF SPORT

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SUMMER SCHOOL REQUEST FORM

Summer 20 ____

Student Name: _____

Student ID #: _____

Faculty: _____

Sport: _____

Contact #: _____ (H) _____ (C)

Email: _____

My reason for requesting summer school:

I would like to request the following course(s):

	Course Name	Course Number	Course Section	Lecturer
1.				
2.				

Print Name: _____ Signature of Student: _____

Date: _____

Official Use Only

Approved 1 Course 2 Courses

Not Approved

Course Name	Course Number	Course Section

Dr. Rudolph Alleyne
Head of Academy

Date