

UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS

FACULTY OF SOCIAL SCIENCES

REQUEST FOR LEAVE OF ABSENCE

Academic Year 20___/20___

SURNAME:		OTHER NAMES:	
Student I.D. No.	LEVEL: ' One (New) ' One (Continuing) ' Two ' Three	Telephone:	
Address (Local)		Address (Overseas)	
Degree Programme: BSc			

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

Signature Date

OFFICIAL USE (DEAN'S OFFICE)

Comments _____

Decision _____