UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS

FACULTY OF SOCIAL SCIENCES

REQUEST FOR WITHDRAWAL

Academic Year 20___/20___

SURNAME:	**OTHER NAMES:**
Student I.D. No.	**Telephone:**
Address (Local):	**Address (Overseas):**
Degree Programme: BSc.	

Briefly state your reason for withdrawal from the UWI:

Signature: ……. **Date:** .....

OFFICIAL USE (DEAN'S OFFICE)

Comments _____

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Decision _____