



**THE UNIVERSITY OF THE WEST INDIES  
CAVE HILL CAMPUS**

**FACULTY OF SCIENCE AND TECHNOLOGY**

**REQUEST FOR LEAVE OF ABSENCE**

Academic Year 20...../20.....

<b>SURNAME:</b>		<b>OTHER NAMES:</b>	
<b>Student I.D. No.</b>	<b>LEVEL:</b> <input type="checkbox"/> I (Continuing) <input type="checkbox"/> II <input type="checkbox"/> III	<b>Telephone:</b>	
		<b>Email:</b>	
<b>Address (Local)</b>		<b>Address (Overseas)</b>	
<b>Degree Programme: BSc</b>			
<b>Period of Leave requested:</b>			
<b>Short Leave (1-14 days) From:</b>		<b>To:</b>	
<b>Long Leave</b> <input type="checkbox"/> Semester I only <input type="checkbox"/> Semester II only <input type="checkbox"/> Academic Year			
<b>Briefly state your reason for the requested leave:</b>			

**Signature:** ..... **Date:** .....

*Please return completed form to the Faculty Office, Faculty of Science and Technology via email [fst@cavehill.uwi.edu](mailto:fst@cavehill.uwi.edu). This form is for use by the Faculty of Science and Technology students only.*

<b>OFFICIAL USE (DEAN'S OFFICE)</b>	
<b>Comments:</b>	_____
<b>Decision:</b>	_____
<b>Signature:</b>	<b>Date:</b> _____