



PERMISSION FORM

SURNAME: _____

FIRST NAME: _____

STUDENT ID #: _____

UWI EMAIL ADDRESS: _____

DEPARTMENT: (please tick)

- Biological and Chemical Sciences
- Computer Science, Mathematics and Physics
- Faculty Office (Meteorology)

MAJOR _____

OTHER MAJOR/MINOR _____

REQUEST: _____

REASON FOR THE REQUEST: *(a separate letter can be attached if necessary)*

COURSES YOU WISH TO TAKE (ONLY FILL IN WHEN APPLICABLE)

SEMESTER: (please select) Semester I Semester II Summer

COURSE(S):

Student's Signature

Date

OFFICIAL USE (DEAN'S OFFICE)

Comments: _____

Dean's Signature: _____ **Date:** _____



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