



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

**FACULTY OF SCIENCE AND TECHNOLOGY**

**REQUEST FOR LATE WITHDRAWAL**

Semester

**PLEASE NOTE: LATE WITHDRAWAL DOES NOT NULLIFY YOUR FINANCIAL OBLIGATIONS TO THE UNIVERSITY.**

<b>Student Information</b>		
<b>Surname:</b>	<b>Given names:</b>	
<b>Degree Programme:</b>		
<b>Student I.D. No.:</b>	<b>Level :</b>	
<b>Contact Details</b>		
<b>Telephone:</b>	<b>(h)</b>	<b>(c)</b>
<b>Email(s):</b>		
<i>Please list all course codes &amp; titles as well as CRNs for which you have registered and indicate for which course(s) you are requesting late withdrawal.</i>		
Course Code & Title CRNs <input type="checkbox"/>	Course Code & Title CRNs <input type="checkbox"/>	
Course Code & Title CRNs <input type="checkbox"/>	Course Code & Title CRNs <input type="checkbox"/>	
Course Code & Title CRNs <input type="checkbox"/>	Course Code & Title CRNs <input type="checkbox"/>	
<b>Reason(s) for late withdrawal:</b>		
Financial reasons <input type="checkbox"/> Family reasons <input type="checkbox"/> Work reasons <input type="checkbox"/> Maternity <input type="checkbox"/>		
Personal reasons <input type="checkbox"/> Course selection <input type="checkbox"/> Medical reasons <input type="checkbox"/>		
Other <input type="checkbox"/> _____		
Briefly explain your reason for the requested Late Withdrawal _____		
_____		
_____		
<i>I have read and understood the possible financial implications of late withdrawal.</i>		
Signature: .....		Date:    /    /    (dd/mm/year)
<b>FOR OFFICIAL USE ONLY</b>		
Comments: _____		
_____		
_____		
_____		
<b>Late withdrawal</b> Approved <input type="checkbox"/> Denied <input type="checkbox"/>		
Signature: .....		Date:    /    /    (dd/mm/year)
DEAN, FST		