



# THE UNIVERSITY OF THE WEST INDIES

## CAVE HILL CAMPUS

FACULTY OF SCIENCE AND TECHNOLOGY

### LEAVE OF ABSENCE

*(Faculty of Science and Technology Students Only)*

**INSTRUCTIONS**

This form must be completed in **BLOCK CAPITALS** and submitted to the Dean, Faculty of Science and Technology before the course add/drop deadline at the start of each Semester.

**SECTION A – TO BE COMPLETED BY STUDENT AND EMAILED TO [fst@cavehill.uwi.edu](mailto:fst@cavehill.uwi.edu)**

	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE NAME</b>
<b>NAME OF STUDENT:</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>I.D. #</b>	<input style="width: 100%;" type="text"/>	<b>EMAIL:</b>	<input style="width: 100%;" type="text"/>
<b>LEVEL:</b>	Level I [ ]	Level II [ ]	Level III [ ]
<b>ADDRESS:</b>	<input style="width: 100%; height: 40px;" type="text"/>		
<b>DEGREE PROGRAMME:</b>	<input style="width: 100%; height: 30px;" type="text"/>		
<b>PERIOD OF LEAVE REQUESTED:</b>	<div style="border: 1px solid black; padding: 5px;"> <p><b>SHORT LEAVE (1-14 days):</b></p> <p><b>FROM:</b> _____ <b>TO:</b> _____</p> <p><b>LONG LEAVE:</b></p> <p><b>SEMESTER I [ ]      SEMESTER II [ ]      ACADEMIC YEAR [ ]</b></p> </div>		
<b>BRIEFLY STATE YOUR REASON FOR THE REQUESTED LEAVE:</b>	<input style="width: 100%; height: 60px;" type="text"/>		
<b>SIGNATURE OF STUDENT:</b>	<input style="width: 100%; height: 40px;" type="text"/>	<b>DATE:</b>	<input style="width: 100%; height: 40px;" type="text"/>

**SECTION B – OFFICIAL USE ONLY – DEAN'S OFFICE**

<b>ACADEMIC STANDING:</b>	<input style="width: 100%; height: 40px;" type="text"/>		
<b>COMMENT:</b>	<input style="width: 100%; height: 50px;" type="text"/>		
<b>DECISION:</b>	APPROVED [ ]	NOT APPROVED [ ]	
<b>SIGNATURE OF DEAN:</b>	<input style="width: 100%; height: 40px;" type="text"/>	<b>DATE:</b>	<input style="width: 100%; height: 40px;" type="text"/>