



THE UNIVERSITY OF THE WEST INDIES CAVE HILL CAMPUS



FACULTY OF SCIENCE AND TECHNOLOGY

VOLUNTARY **WITHDRAWAL**

(Faculty of Science and Technology Students only)

INSTRUCTIONS

Kindly complete this form if you wish to withdraw ENTIRELY from an undergraduate degree program in the Faculty of Science and Technology. Once the form has been processed, you must reapply to the University and be readmitted to resume studies. Should you wish to ONLY take leave from the University for a semester or an academic year please complete the Leave of Absence Form.

SECTION A – TO BE COMPLETED BY STUDENT AND EMAILED TO fst@cavehill.uwi.edu

	LASTNAME	FIRST NAME	MIDDLE NAME
NAME OF STUDENT:	<input type="text"/>	<input type="text"/>	<input type="text"/>
I.D. #:	<input type="text"/>	Email:	<input type="text"/>
LEVEL:	Prelim [] Level I [] Level II [] Level III []		
ADDRESS:	<input type="text"/>		
TELEPHONE NOS.:	<input type="text"/>		
DEGREE PROGRAMME:	<input type="text"/>		
BRIEFLY STATE REASON FOR WITHDRAWAL:	<input type="text"/>		
SIGNATURE OF STUDENT:	<input type="text"/>	DATE:	<input type="text"/>

SECTION B – OFFICIAL USE ONLY – DEAN'S OFFICE

ACADEMIC STANDING:	<input type="text"/>		
COMMENT:	<input type="text"/>		
DECISION:	APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>	
SIGNATURE:	<input type="text"/>	DATE:	<input type="text"/>