



**The University of The West Indies**  
**Cave Hill Campus**  
**The Faculty of Medical Sciences**

**APPLICATION FOR VOLUNTARY WITHDRAWAL FROM THE UNIVERSITY**

Kindly complete this form if you wish to **WITHDRAW ENTIRELY** from an undergraduate degree program in the Faculty of Medical Sciences. 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 instead.

Student Name:

Student ID#:

Level:

Phone#:

(The best number to contact you)

Email:

Address (overseas students):

Address (local students)

Degree Programme:

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**BRIEFLY STATE REASON FOR WITHDRAWAL**

Signature:

Date:

**OFFICE USE ONLY (DEAN'S OFFICE)**

Signature:  
*Head of Department*

Supported

Not Supported

Date:

Comments:

Leave Approved

Leave Not Approved

Dean's  
Signature:

Date:

Return Form to the Office of Undergraduate Affairs & Medical Education –  
Email: [fmsundergradoffice@cavehill.uwi.edu](mailto:fmsundergradoffice@cavehill.uwi.edu)