## **UNIVERSITY OF THE WEST INDIES**

## **FACULTY OF MEDICAL SCIENCES**

I hereby apply for leave of absence between the following days inclusive:		
From		То
Name of Consultant & 0	Clerkship	
Approved	Consultant	Print Name
Approved	Head	Class of
Approved	Dean	
NB. The clinical appointments required by the University of the West Indies do not allow for any long period of leave of absence during the clinical years. In addition to the holiday periods built into timetable, leave my be granted at the discretion of the Head of Department on application by the student.		
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