UNIVERSITY OF THE WEST INDIES

FACULTY OF MEDICAL SCIENCES

I hereby apply for leave of absence between the following days inclusive:

From .......................................................... To ..........................................................

Name of Consultant & 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 may be granted at the discretion of the Head of Department on application by the student.