



THE UNIVERSITY OF THE WEST INDIES
GRADUATE STUDIES & RESEARCH
MONA CAMPUS

Ref:

DATE: _____

TO: The Senior Assistant Registrar, School for Graduate Studies & Research

FROM: _____ I.D. # _____
Name of Student (Please Print)

PROGRAMME: _____

DATE REGISTERED IN PROGRAMME: _____

APPLICATION FOR LEAVE OF ABSENCE FROM THE UNIVERSITY

I hereby apply for Leave of Absence from the University for:

(Please tick appropriate box)

REASON

Academic Year 200 /200

Financial

Work-related

Semester I, 200 /200

Personal

No Semester I/II courses

Semester II, 200 /200

Medical (Medical Certificate must accompany your application)

Have you ever been granted any Leave of Absence: Yes No

If so please list periods: _____

SIGNATURE OF STUDENT

FOR OFFICIAL USE ONLY

RECOMMENDED: Yes No

APPROVED Yes No

SIGNATURE OF HEAD OF DEPARTMENT

SIGNATURE OF CAMPUS COORDINATOR