



THE UNIVERSITY OF THE WEST INDIES

STUDENT REQUEST FORM FOR ASSOCIATE DEGREE AND CERTIFICATE PROGRAMMES

Complete the form legibly using a ballpoint pen. Submit the form in duplicate to your Centre Head.

SECTION A – PERSONAL DATA

1. Name			
Title	Last Name/Surname	First Name	Middle Name(s)
2. ID #			

SECTION B – CENTRE, PROGRAMME & STATUS

3. Centre	4. Programme
5. Academic Year	6. Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Occasional Student <input type="checkbox"/> Specially Admitted
7. Academic Year/Semester of 1st registration	8. Do you expect to complete your programme this academic year? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION C – NATURE OF REQUEST

9. Indicate nature of request	
<input type="checkbox"/> Late registration	Semester: _____ (Course Codes): _____
<input type="checkbox"/> Change to registration	Add (Course Codes): _____ Drop (Course Codes): _____
<input type="checkbox"/> Credit Exemptions	Course Codes: _____
<input type="checkbox"/> Leave of absence	From: Academic Year/Semester: _____ To: Academic Year/Semester: _____
<input type="checkbox"/> Withdrawal	Academic Year/Semester: _____
<input type="checkbox"/> Request for refund	Programme: _____ Academic Year/Semester: _____
<input type="checkbox"/> Late submission of coursework assignment	Course Code: _____ Programme: _____ Academic Year/Semester: _____ Lecturer: _____
<input type="checkbox"/> Exemption from coursework examination	Course Code: _____ Programme: _____ Academic Year/Semester: _____ Lecturer: _____
<input type="checkbox"/> Deferral of sitting final examination	Course Code: _____ Course Code: _____ Academic Year/Semester: _____
<input type="checkbox"/> Request for review of results	Course Code: _____ Programme: _____ Academic Year/Semester: _____
<input type="checkbox"/> Request for re-mark	Course Code: _____ Programme: _____ Academic Year/Semester: _____
<input type="checkbox"/> Transfer to another programme or programme option	Programme/Option: _____ From: Academic Year/Semester: _____

<input type="checkbox"/> Transfer to another Centre	Centre: _____	From: Academic Year/Semester: _____
<input type="checkbox"/> Other	Specify: _____ _____	

SECTION D - REASON FOR REQUEST

10. Please provide justification for your request below <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
11. <div style="text-align: center;">_____/_____/_____</div> <div style="display: flex; justify-content: space-between;"> Signature of Student Date (dd/mm/yyyy) </div>	

SECTION E - DECISION

12.	<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Denied	
13.	Please state reasons for the decision		
_____ Director/Centre Head		_____/_____/_____ Date (dd/mm/yyyy)	

FOR OFFICIAL USE ONLY

Tuition & Fees		
<input type="checkbox"/> Tuition: Number of Credits: _____	<input type="checkbox"/> Registration Fee	<input type="checkbox"/> Caution Fee <input type="checkbox"/> Late Registration Fee
<input type="checkbox"/> Exemption Fee: Number of Credits _____	<input type="checkbox"/> Lab Fee	<input type="checkbox"/> Other (specify): _____
Total Amount Paid : _____	Receipt no.: _____	Balance: _____