



THE UNIVERSITY OF THE WEST INDIES

ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES

FACULTY OF HUMANITIES AND EDUCATION

OFFICE OF THE DEAN

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STUDENT REQUEST FORM

Date: _____

Student's Name: _____ Student I.D.# _____

Academic Year (Level): _____ Full-time Part-Time

Academic Programme: _____

Department: _____

Telephone #(s): _____ Email: _____

Please tick the appropriate box below and state the reasons for your request

- Add a Course
- Leave of Absence
- Transfer Coursework
- Other
- Drop a Course
- Change of Status
- Change of Option (Major/Minor)

Please state the details/reasons for your request

Supporting Documents Submitted? NO YES _____

Student's Signature: _____

This section is For Official Use Only:

Departmental Approval:

_____ and/or _____

Programme Coordinator Head of Department Date

Comments (if any):

This section is For Official Use Only:

Office of the Dean Approval:

_____ and/or _____

Deputy Dean Dean Date

Comments (if any):
