



Student Withdrawal Form

Personal Information

Prefix: <i>(Please select one)</i> <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs	First Name:	Last Name:
Telephone Contact:	Email Address:	

Student and Academic Information

Please select one:

UWI Student IIR Student Member of the Public UWI Staff Retiree 60+

Course	Academic Year	Semester

Reason for withdrawal
Please select one:

Job Medical Workload Other (please specify):

Signature:	Date:
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For Official Use Only

Received by:	Date:
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Processed by:	Date:
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Kindly sign and return via e-mail to mandy.mcvorran@sta.uwi.edu or cll.fhe@sta.uwi.edu



CLL

Centre for Language Learning

a centre of excellence for languages

THE UNIVERSITY OF THE WEST INDIES (STA)

Faculty of Humanities & Education

Centre for Language Learning

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