



THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE, CAMPUS

STUDENT WITHDRAWAL FORM

UWI Student Identification Number

This form should be submitted or emailed to the **Student Affairs (Admissions) Office** via admis@sta.uwi.edu **OR** **Office of Graduate Studies & Research** postgrad@sta.uwi.edu as applicable. Caution Money is normally refunded three (3) months after your withdrawal from The University on submission of the completed Application for Refund of Caution Money Form.

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

Name of Student: _____
Surname Middle Name First Name

Undergraduate

Post Graduate

Faculty/School : _____

Programme: _____

Full Time

Part Time

Evening

Specially Admitted

Occasional

Address (while at UWI): _____

Permanent/ Mailing Address: _____

Telephone Contact: _____

Non-UWI email _____

Withdrawal with effect from: Semester I Semester II

Academic Year 20____ / 20____

Reason for withdrawal: Personal

Work-Related

Medical

Financial

Transferring to/ applied for another programme _____
Please state programme

Other (*please state*) _____

Have not attended classes since _____

YYYY/MM/DD

Student Signature: _____

Date: _____

FOR OFFICIAL USE ONLY	
Approved by: _____ SAR (Admissions)	Approved by: _____ SAR (Graduate Studies)
Date: _____	Date: _____