

FACULTY OF MEDICAL SCIENCES
UNIVERSITY OF THE WEST INDIES
MONA

UNDERGRADUATE STUDENT REQUEST FORM

READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO COMPLY FULLY WILL DELAY THE PROCESSING OF YOUR REQUEST

**INSTRUCTIONS: PLEASE COMPLETE ALL SECTIONS LEGIBLY
SIGN AND DATE YOUR REQUEST**

UWI ID# _____ CLASS _____ MALE FEMALE

1. _____ 2. _____
SURNAME GIVEN NAMES

3. _____ 4. _____
TERM MAILING ADDRESS HOME TELEPHONE #

_____ 5. _____
CELL PHONE #

6. _____ 7. _____
PERMANENT MAILING ADDRESS WORK TELEPHONE #

_____ 8. _____
EMAIL ADDRESS

9. CURRENT STATUS: Tick the appropriate Box

MONA T.L.I. Programme Site _____

10. APPROVED PROGRAMME OF STUDY

MBBS RADIOGRAPHY PHYSICAL THERAPY

NURSING BBMEDSCI DENTISTRY

NATURE OF REQUEST

1. REGISTRATION

a. Late Registration Semester _____ Year _____

Add _____
Please list course code(s)

Drop _____
Please list course code(s)

b. Course Substitution Semester _____ Year _____

_____ for _____
Please list course code(s)

c. Exemption(s) with Credits Semester _____ Year _____

*Transcript(s) and course outline must
be Submitted with application form
except for courses done at UWI*

_____ *Please list course code(s)*

2. EXAMINATIONS

a. Carry-Over Coursework from semester ____ academic year _____ to semester ____ academic year _____
for _____
Please list course code(s)

b. Examination Only Semester _____ Year _____

Please list course code(s)

3. STUDENT STATUS

a. Leave of Absence Academic Year _____ Semester(s) _____
From _____ to _____

Signature *Date*

Consultant _____
or _____
Head _____

b. Waiver of the Requirement to withdraw

c. Voluntary Withdrawal

4. EXTERNAL AFFAIRS

a. Take Course(s) at Another Campus Semester _____ Year _____

Name of University

b. Specify Course(s) Code(s) and Title(s) _____

5. OTHER _____

REASON(S) FOR REQUEST(S)
(Compulsory, submit substantiating documents where necessary with all requests)

.....
Applicant's Signature

.....
Date

Head of Programme Signature

Date

Head of Programme Signature

Date

Dean's Signature

Date