

UNIVERSITY OF THE WEST INDIES  
MONA CAMPUS  
OFFICE OF THE CAMPUS REGISTRAR

*REQUEST FOR ADVICE ON EXAMINATION PERFORMANCE*

*GO-THROUGH: ONLY FOR STUDENTS WHO FAILED COURSE(S)*

NAME: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Surname) (First Name) (Middle Name)

Miss

Mrs.

Mr.

MAILING ADDRESS(*Type below*):

PHONE NO.: \_\_\_\_\_ STUDENT ID NO.: \_\_\_\_\_

FACULTY: \_\_\_\_\_ SEMESTER: \_\_\_\_\_

FULL-TIME

PART-TIME

CODE	TITLE OF COURSE(S)
_____	_____
_____	_____
_____	_____
_____	_____

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**NOTE:** *Students are advised to make contact with Examinations Section to collect their letter(s) then the Department/Faculty for appointment with Examiner.*