



THE UNIVERSITY OF THE WEST INDIES
 MONA CAMPUS
SOCIAL SCIENCES FACULTY OFFICE

SUPPLEMENTAL REQUEST FORM (UNDERGRADUATE)

Instructions: All applicable sections of this form must be completed by the student and verified by the lecturer(s) before submission to the Faculty Office.

Section A: Student Information

Id#:..... Name (in full):.....

Telephone:..... Email:.....

Section B: Request Type and Request Period

(1) Late Leave of Absence:

(2) Late Adjustment to Registration: Add Drop

Academic Year: Semester 1 Semester 2 Summer

Section C: Course Information

List all courses for which you are registered over the applicable period and seek lecturer's verification.

Course Code	Lecturer's Name	Attended Lectures? Yes/No	Sat Exam or Completed Coursework? Yes/No	Lecturer's Signature ▪ Date ▪ Stamp

Reason for Request:

.....

.....
 Student's Signature and Date