

UNIVERSITY OF TECHNOLOGY, JAMAICA  
COLLEGE/FACULTY STUDENT ACADEMIC AFFAIRS COMMITTEE

REQUEST FORM

*Submit this form to the Office of the Registrar or to your College/Faculty*

Instructions to Students: Complete this section in block letters

NAME: _____		ID No.: _____	
ADDRESS: _____			
COLLEGE/FACULTY: _____		TEL: _____	
SCHOOL/DEPT: _____		FAX: _____	
COURSE CODE: _____		EMAIL: _____	
NATURE OF REQUEST (Please tick the appropriate box)			
Course Withdrawal ~	Leave of Absence ~	Fee Refund ~	Reinstatement ~
Deferral of Examination ~	Change of Status ~	Deferral of Acceptance ~	Other ~
DOCUMENTS ATTACHED: (Please tick the appropriate box)			
Medical Certificate ~	Progress Report(s) ~	Other, please specify: _____	
INSTRUCTIONS: Write clearly your request and/or attach correspondence. Be sure to include as many facts as you can.			

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Attach any supporting documentation

Retain a copy for your own record

\_\_\_\_\_  
Official Stamp

FOR OFFICIAL USE ONLY

FINDINGS BY SCHOOL/DEPARTMENT

Year student commenced course of study \_\_\_\_\_ Academic status as of (\_\_\_\_\_/\_\_\_\_\_)

(Please tick the appropriate box)

Currently Registered ~

On Academic Probation ~

Withdrawn ~

On Leave of Absence ~

COMMENTS:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RECOMMENDATION OF FACULTY STUDENT ACADEMIC AFFAIRS COMMITTEE (FSAAC)

Chair of FSAAC: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DECISION OF COLLEGE/FACULTY BOARD

Chair of College/Faculty Board: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_