

2010/FSAAC/09-

UNIVERSITY OF TECHNOLOGY, JAMAICA  
FACULTY STUDENT ACADEMIC AFFAIRS COMMITTEE

REQUEST FORM

*Submit this form to the Office of the Registrar*

**Instructions to Students: Complete this section in block letters**

NAME: \_\_\_\_\_ ID No.: \_\_\_\_\_

ADDRESS \_\_\_\_\_

FACULTY: \_\_\_\_\_ TEL: \_\_\_\_\_

SCHOOL/DEPT.: \_\_\_\_\_ FAX: \_\_\_\_\_

PROGRAMME/YEAR CODE \_\_\_\_\_ EMAIL \_\_\_\_\_

**NATURE OF REQUEST (Please tick the appropriate box)**

|                         |                          |                  |                          |                             |                          |              |                          |
|-------------------------|--------------------------|------------------|--------------------------|-----------------------------|--------------------------|--------------|--------------------------|
| Programme<br>Withdrawal | <input type="checkbox"/> | Leave of Absence | <input type="checkbox"/> | Fee Refund                  | <input type="checkbox"/> | Re-Admission | <input type="checkbox"/> |
| Programme<br>Extension  | <input type="checkbox"/> | Change of Status | <input type="checkbox"/> | Deferral of<br>Registration | <input type="checkbox"/> | Other        | <input type="checkbox"/> |

**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 \_\_\_\_\_  
Attach any supporting documentation  
Retain a copy for your own record

Date \_\_\_\_\_

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

**FOR OFFICIAL USE ONLY**

**FINDINGS BY SCHOOL/DEPARTMENT**

Year student commenced programme of study \_\_\_\_\_ Academic status as of (\_\_\_\_\_/\_\_\_\_\_)  
(Please tick the appropriate box) Promoted  Make-good  Discontinued

**COMMENTS:**

Name: \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

**RECOMMENDATION OF FACULTY STUDENT ACADEMIC AFFAIRS COMMITTEE (FSAAC)**

Chair of FSAAC: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DECISION OF FACULTY BOARD**

Chair of Faculty Board: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_