



CIPRIANI COLLEGE

OF LABOUR AND CO-OPERATIVE STUDIES

OFFICE OF THE REGISTRAR

STUDENT REQUEST FORM

Name of Student:

Student ID Number:

Type of Programme: (Cert. Dip, AD, BD)

Name of Programme:

Venue: North South Tobago

Mailing Address:

Telephone Contact: (H).....(W).....(C).....

Email Address:

Please select accordingly:

- Deferral:
- Leave of Absence: Indicate return date:
- Schedule Meeting with:
- Other:

Please detail the nature of your request below:

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.....

.....
Student Signature

.....
College Official Signature

.....
Date

For Official Use Only

Status of Request:

Official Signature:

Date:

***N.B. Any leave of absence applied for after the 4th week of classes will result in an "F" grade being assigned to the student.
Please attach documents where necessary to support request.***