



Academic Year: _____ Semester: _____

Tobago Hospitality and Tourism Institute Leave of Absence/Withdrawal Form

STUDENT INFORMATION

Student Name: _____ Student Id: _____

Address: _____

Home: _____ Mobile: _____ Email: _____

LEAVE OF ABSENCE/WITHDRAWAL INFORMATION

Associate Degree Certificate Prequalifying Short Course Modular

Programme: _____ Status: PT FT Year Started: ____/____/____

Leave/Withdrawal Date: ____/____/____ Withdraw Fully Semester Only

Reasons for Leave/Withdrawal:

Do you plan to return to Tobago Hospitality and Tourism Institute? YES NO

Signature: _____ Date: ____/____/____

NB: Students are expected to notify GATE of Withdrawal or Leave of Absence. Failure to do this will affect your eligibility for GATE funding in the future. Contact the GATE office at 800-GATE or email gate.info@gov.tt.

FOR OFFICIAL USE ONLY

Dean - Academic Services: _____ Date: ____/____/____

Registrar: _____ Date: ____/____/____

Refund Required \$ _____ Attached Official Medical

Comments: _____

