

THIS FORM IS FOR THE STUDENTS IN THE FACULTY OF LAW ONLY

**THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS
FACULTY OF LAW**

REQUEST FOR CREDITS/EXEMPTIONS

Academic Year 20____/20____

SURNAME:	OTHER NAMES:		
STUDENT ID:	LEVEL: <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three	Telephone:	
Degree Programme: LLB			

Exemptions/Credits Requested:	SIMILAR COURSE(S) PASSED			OFFICIAL USE
<u>UWI COURSE CODE</u>	<u>Institution</u>	<u>Course Title & Programme Completed</u>	<u>Year Awarded</u>	<u>Decision</u>

Signature..... Date/...../20.....
Day/ Month / Year

OFFICIAL USE (DEAN'S OFFICE)

Comments: _____

Signature..... Date/...../20.....
Day/ Month / Year