



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

**FACULTY OF LAW
LL.B. PROGRAMME**

REQUEST TO FOR EXEMPTION(S)/CREDITS(S)

(This form is for use by the Faculty of Law students only)

Academic Year 20_____

SURNAME:		OTHER NAMES:	
STUDENT ID:	LEVEL: One Two Three	Telephone:	

Please specify COURSE CODE AND TITLE completed. Indicate similar course(s) passed (enter the name of Institution and Programme completed in the space below) & Year Awarded.

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: _____

Kindly submit this form, along with the necessary supporting documents (transcripts, course outlines etc) for courses taken at other colleges/universities, to the Faculty of Law Office via email: lawdean@cavehill.uwi.edu.

OFFICIAL USE (DEAN'S OFFICE)

Comments: _____

Signature: _____ Date: _____