



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

FACULTY OF SCIENCE AND TECHNOLOGY

REQUEST FOR EXEMPTION(S) AND CREDIT(S)

Academic Year 20_ / 20__

SURNAME:		OTHER NAMES:	
Student I.D. No.	LEVEL: <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three	Telephone:	
Address(Local):		Address (Overseas):	
Degree Programme: BSc			

EXEMPTION(S) AND CREDIT(S) REQUESTED	SIMILAR COURSE(S) PASSED			OFFICE USE
	Institution	Course Title and Programme Completed	Year Awarded	Decision

Signature

Date.....

OFFICIAL USE (DEAN'S OFFICE)

Comments _____
