



**REQUEST FOR EXEMPTION(S)
AND CREDIT(S)**

ACADEMIC YEAR 20__/20__

SURNAME:	OTHER NAMES:
STUDENT ID NO:	LEVEL:
ADDRESS (LOCAL)	ADDRESS (OVERSEAS)
TELEPHONE #	UWI EMAIL:
DEGREE PROGRAMME: BSC	

EXEMPTION(S) AND CREDIT(S) REQUESTED	SIMILAR COURSE(S) PASSED			OFFICE USE
UWI COURSE CODE	INSTITUTION	COURSE TITLE AND PROGRAMME COMPLETED	YEAR AWARDED	DECISION

Signature: _____ Date: _____

Kindly submit this form, along with the necessary supporting documents (transcripts, course outlines etc) for courses taken at other colleges/universities, to fst@cavehill.uwi.edu.

OFFICIAL USE (DEAN'S OFFICE)

Comments: _____

Dean's Signature: _____ Date: _____



CAVE HILL CAMPUS



417-4310-4312



fst@cavehill.uwi.edu