

UNIVERSITY OF THE WEST INDIES, CAVE HILL CAMPUS FACULTY OF MEDICAL SCIENCES				REQUEST FOR CREDITS/EXEMPTIONS	
PLEASE NOTE: Exemptions are NOT granted for Levels II and III courses. Credits/Exemptions are NOT granted where a period of five years has elapsed since the completion of the course. Please complete a separate application form for each Faculty.					
ACADEMIC YEAR:		SURNAME:		OTHER NAME(S):	
STUDENT ID NO:		LEVEL: One Two Three		MAJOR:	
TELEPHONE 1:		TELEPHONE 2:		EMAIL (Please write legibly):	
ADDRESS 1 (Local):				Address 2 (Overseas):	
I am requesting Credit from/Exemption for UWI Course (enter UWI code)		I completed a similar course at (enter Name of Institution)		* Please specify title of Course completed. Include Programme title if done outside of UWI e.g CAPE; Faculty of Pure & Applied Sciences	Grade Awarded
					Year Awarded
					Office Use
Please attach copy of certificate(s) and course outline(s) for non-UWI course(s). Signature of Student Date.....					
OFFICIAL USE ONLY					
Key: C – Credit EXC - Exemption with Credit EXNC – Exemption without Credit NG – Not Granted	Lecturer Comments:				
	Dean’s Signature Date:				