THE UNIVERSITY OF THE WEST INDIES

CAVE HILL CAMPUS

FACULTY OF SOCIAL SCIENCES

REQUEST FOR CREDITS/EXEMPTIONS

Academic Year 20___/20___

	Exe	s form is for stu emptions are NO			el II and II	l courses				
SURNA				OTHER NAMES:						
	I.D. No.			LEVEL: One Two Three Telephone:						
Degree	Programm	ne: BSc								П
EXEMPTIONS/ CREDITS REQUESTED:			SIMILAR COURSE(S) PASSED							OFFICE USE
UWI CODE		Institution	Соц	urse Title a	and Prog	ramme C	ompleted		Year Awarded	Decision
E.G. <i>MGM</i>	1 T1000	B.C.C	Asso	ociate Degi	ree in Con	ıputer Stu	ıdies		2010	
										1
Associate Degree GPA (where applicable):										
*Please	attach a c	opy of course o	utlines i			sted are	based on	qualificatio	ons from reg	ional or
Signature of Student				Date						
			OF	FICIAL	JSE (DE	AN'S O	FFICE)			
Comm	nents:									
D '	- Ciar1	re:				Dete	• • • • • • • • • • • • • • • • • • • •			