

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

FACULTY OF SPORT

REQUEST FOR CREDITS/EXEMPTIONS

Academic Year 20__/20__

Please note that Exemptions are not given for Levels II and III courses

SURNAME:		OTHER NAMES:	
Student I.D. No.	LEVEL: One Two Three	Telephone:	
Address (Local)		Address (Overseas)	
Degree Programme: BSc			

EXEMPTIONS/

CREDITS REQUESTED:	SIMILAR COURSE(S) PASSED			OFFICE USE	
	UWI COURSE CODE	Institution	Course Title and Programme Completed	Year Awarded	Decision
	<i>MS11A</i>	<i>B.C.C</i>	<i>Associate Degree in Computer Studies</i>	<i>2001</i>	<i>--</i>
E.G.					

Signature Date

OFFICIAL USE (DEAN'S OFFICE)

Comments _____
