



REQUEST FOR EXEMPTION

SECTION 1 : STUDENT AND CONTACT INFORMATION

*FIRST NAME _____

*MIDDLE NAME(S) _____

*LAST NAME _____

*I.D. # _____ EMAIL _____

CAMPUS ATTENDED _____

PHONE _____ (HOME) _____ (MOBILE) _____ (WORK)

SECTION 2 : PROGRAMME INFORMATION

PROGRAMME REGISTERED: _____

GROUP NAME _____

ENTRY DATE _____
mm / dd / yyyy

PETITION DATE _____
mm / dd / yyyy

Have you received exemption from UCC previously? Yes No If yes, how many did you receive? _____

SECTION 3 : PROGRAMME RECORDS

PREVIOUS CERTIFICATE / DIPLOMA / DEGREE	YEAR GRANTED	INSTITUTION ATTENDED

FOR OFFICIAL USE ONLY

UCC COURSE AND COURSE CODE PETITIONED	SUBSTITUTE COURSE FROM PREVIOUS INSTITUTION(S)	GRADE(S)	YEAR SUBSTITUTE TAKEN	DECISION ✓ OR ✗	COMMENTS (Give reason(s) why exemption is not granted)

COMPLETED BY _____ NAME _____ SIGNATURE _____ DATE _____ mm / dd / yyyy # OF EXCEPTIONS REQUESTED _____

APPROVED BY _____ NAME _____ SIGNATURE _____ DATE _____ mm / dd / yyyy # GRANTED _____ # NOT GRANTED _____