UNIVERSITY COLLEGE OF THE CARIBBEAN
A Member of the Commonwealth & OAS Consortia of Universities

REQUEST FOR ADVANCED STANDING

SECTION 1 : STUDENT AND CONTACT INFORMATION

SECTION 2 : PROGRAMME INFORMATION

*FIRST NAME

*MIDDLE NAME(S)

*LAST NAME

*I.D. #

EMAIL

CAMPUS ATTENDED

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

PROGRAMME REGISTERED:

GROUP NAME

ENTRY DATE _____ / _____ / _____
mm / dd / yyyy

PETITION DATE _____ / _____ / _____
mm / dd / yyyy

Have you received advanced standing / transfer credits fron 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	COURSE FROM PREVIOUS INSTITUTION(S)	GRADE(S)	YEAR TAKEN	DECISION ✓ OR ✗	COMMENTS (Give reason(s) why exemption is not granted)

COMPLETED BY _____
NAME   SIGNATURE

APPROVED BY _____
NAME   SIGNATURE

DATE _____ / _____ / _____
mm / dd / yyyy

DATE _____ / _____ / _____
mm / dd / yyyy

OF CREDITS REQUESTED _____

GRANTED _____   # NOT GRANTED _____