UNIVERSITY COLLEGE OF THE CARIBBEAN

A Member of the Commonwealth & OAS Consortia of Universities

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