UNIVERSITY COLLEGE OF THE CARIBBEAN

REQUEST FOR EXEMPTION

Instructions:

1. ALL SECTIONS OF THIS FORM MUST BE FILLED OUT BEFORE IT CAN BE PROCESSED.

2. EXEMPTIONS MUST BE APPLIED FOR WITHIN ONE (1) MONTH OF DATE OF ENTRY.

Name: _____ ID #: _____

(Last Name) (First Name)

Current Address: _____

_____

Contact Information: (Work) _____ (Home) _____

(Cell) _____

Programme Registered for:

_____

Current Centre: _____

Date of Entry: _____

Group Name: _____

Date of Petition: _____

Have you received exemption from UCC previously? Yes ☐ No ☐

If yes, how many did you receive? _____

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: *Granted* ✔ *Not Granted* ✘	Comments (*Give reason(s) why exemption is not granted*)

Number of exemptions requested: _____

Number granted: _____ Number not granted: _____

_____ _____

Approved by Date

_____ _____ _____

Completed By (Full Name) Signature Date

Admissions Last revision 02/02/09