



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

FACULTY OF PURE AND APPLIED SCIENCES

REQUEST FOR CREDITS/EXEMPTIONS
Academic Year 20___/20___

SURNAME:		OTHER NAMES:	
Student I.D. No.	LEVEL: <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three	Telephone:	
Address(Local):		Address (Overseas):	
Degree Programme: BSc			

EXEMPTIONS/ CREDITS REQUESTED	SIMILAR COURSE(S) PASSED			OFFICE USE
	Institution	Course Title and Programme Completed	Year Awarded	Decision

Signature Date.....

OFFICIAL USE (DEAN'S OFFICE)

Comments _____
