



**THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE**

Please email completed request form in PDF format only to admis@sta.uwi.edu

APPLICATION FOR EXEMPTION/CREDITS

STUDENT ID#

NAME OF STUDENT (Print)

THE UWI FACULTY, PROGRAMME

COURSE(S) COMPLETED <i>List only courses in support of exemption/credits request</i>		UWI COURSE(S) FOR WHICH EXEMPTION/CREDITS IS/ARE BEING REQUESTED	
Course Code	Course Title	Course Code	Course Title

NB: For requests not based on CAPE subjects or The UWI courses, please submit relevant course outline(s) and transcript.

Signature of Student

Date

Dean's/Deputy Dean's Approval: _____ Date: _____