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)**

_____
UWI FACULTY/PROGRAMME

COURSE(S) COMPLETED _List **only** courses in support of exemption/credits request_		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 St. Augustine courses, please submit relevant course outline(s) and transcript.

_____   _____
Signature of Student   **Date**

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