



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

Please email request form to admis@sta.uwi.edu

Ref: P.F. DATE: _____

TO: The Assistant Registrar, Student Affairs (Admissions)

FROM: _____ I.D. _____
Name of Student (Print)

FACULTY: _____ F/T [] P/T [] Evening []

PROGRAMME: _____

APPLICATION FOR EXEMPTION/CREDITS

I have completed the _____
(Name of Programme)

at _____
(Name of Institution; Year of Study)

I hereby apply for Credits/Exemptions as follows:

| COURSE(S) COMPLETED AT PREVIOUS INSTITUTION OR DEGREE PROGRAMME | | UWI COURSE(S) FOR WHICH EXEMPTION/ CREDITS IS/ARE REQUESTED | |
|---|--------------|---|--------------|
| COURSE CODE | COURSE TITLE | COURSE CODE | COURSE TITLE |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SIGNATURE OF STUDENT: _____

EMAIL: _____@my.uwi.edu

FOR OFFICIAL USE

Transcript received

Yes

No

Course Outline(s) received

Yes

No

Official Stamp:

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