APPLICATION FOR COURSE EXEMPTION

Please complete the form in BLOCK LETTERS

NAME: _______________________________ ID#: _______________________

INSTITUTION:
☐ Bethlehem Moravian College  ☐ Monague College
☐ Brown’s Town Community College  ☐ Montego Bay Community College
☐ Excelsior Community College  ☐ Portmore Community College
☐ Knox Community College  ☐ College of Agriculture Science and Education

PROGRAMME: __________________________________________________________

STATUS: ☐ Part Time  ☐ Full Time

YEAR: ☐ Year 1  ☐ Year 2  ☐ Year 3  ☐ Year 4

ENTRY DATE: _____ /_____ /_____

I _______________________________ wish to apply for exemption from the following Course(s) in my programme of study:

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<tr>
<th>Name of Course</th>
<th>Course (s) being proposed for Equivalency</th>
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Please Note:

1. Students making requests for exemption must ensure that the institution which certified the course which they are proposing for equivalency submits a transcript and course outline (s) to the CCCJ Secretariat.
2. Exemption requests will not be processed without adequate documentation regarding of course being proposed for equivalency.
3. Only students who have fully Matriculated will be considered for exemption
4. Courses must be at the Tertiary level and may include GCE A'level and CAPE Units 1 and 2(N.B.: CXC/GCE O'level/CSEC/SSC will not be considered).

Student’s Signature: _______________________________ Date: __________________________
For College use only:

Date Received: _____ /______ /______

Documents are completed correctly and have the following:

- Proof of Matriculation
- Documents supporting claim for exemption
  - These documents can be Certificates, Transcript etc...
  - Please note Secondary level qualification (e.g. CXC GCE O’level) will not be considered as being adequate to warrant exemption(s).

Head Of Department: __________________________ Date: _____ /______ /______

Registrar: __________________________ Date: _____ /______ /______

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For CCCJ Secretariat use only:

Date Received: _____ /______ /______

Registrar’s Recommendation:

Exemption(s) awarded: Yes ( )  No ( )

Comments:
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

Signed: __________________________ Date: _____ /______ /______