



THE COUNCIL OF COMMUNITY COLLEGES OF JAMAICA

APPLICATION FOR COURSE EXEMPTION

Please complete the form in BLOCK LETTERS

NAME: _____ ID#: _____

INSTITUTION:

- | | |
|---|---|
| <input type="checkbox"/> Bethlehem Moravian College | <input type="checkbox"/> Moneague College |
| <input type="checkbox"/> Brown's Town Community College | <input type="checkbox"/> Montego Bay Community College |
| <input type="checkbox"/> Excelsior Community College | <input type="checkbox"/> Portmore Community College |
| <input type="checkbox"/> Knox Community College | <input type="checkbox"/> 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:

<u>Name of Course</u>	<u>Course (s) being proposed for Equivalency</u>

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: ____ / ____ / ____

For CCCJ Secretariat use only:

Date Received: ____ / ____ / ____

Registrar's Recommendation:

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

Comments:

Signed: _____ Date: ____ / ____ / ____