UNIVERSITY OF TECHNOLOGY, JAMAICA

OFFICE OF THE REGISTRAR

APPLICATION FOR MODULE EXEMPTION

Submit this form to the College/Faculty Student Affairs Office

Please complete the form in TRIPLICATE, typing or printing all information in BLOCK LETTERS.

NAME: _____ ID No.: _____

FACULTY/COLLEGE: _____SCHOOL/DEPARTMENT: _____DIVISION: _____

COURSE OF STUDY: _____ GROUP/LEVEL: _____
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ACADEMIC YEAR: _____ SEMESTER: _____ EMAIL: _____

I hereby apply for exemption from the following module(s) in my course of study:

MODULE			DECISION (To be completed by Subject Leader/PD /HOD of module)		
Name	**Code**	**Credits**	**Approved**	**Denied**	**Comments & Signature**

For each module for which exemption is requested, please find attached the certified documentation:
(Please tick the appropriate box)

☐ Transcript   ☐ PLA Certification

☐ Progress Report   ☐ JD & Employer's Verification Letter   ☐

☐ Course description(s)   ☐ Affidavits

☐ Syllabus/Module outline

STUDENT'S SIGNATURE_____ DATE _____
 Retain a copy for your own record

_____
College/Faculty Official Stamp/Date Received

For Office Use Only:

Date received_____   Documentation complete: Yes ( ) No ( )

Fee Payments Completed: Yes ( ) No ( )   Initials_____

Evaluator's (PD/SL/MC) Recommendation: Code(s) for exempted module(s) _____

_____

Evaluator's Name: _____ Signature: _____ Date_____

HOS/D Name: _____ Signature: _____ Date_____

Asst. Registrar's Name: _____ Signature: _____ Date_____