College of Theological & Interdisciplinary Studies REQUEST FOR COURSE EXEMPTION FORM

Name					
Last Name		First Name			
Contact details:	Email:	WhatsApp:			
Programme of Stu	dy:				
campus enrolled: [] Twicker		nham [] May Pen [] Montego Bay			ntego Bay
Year of Study: []	First Year	[] Second Year	: [] Thire	d Year	[] Fourth Year
School ID #:					
Education Qualific	cation				
Previous Diploma/Degree		Year Granted		Institution Attended	
Name of Course (s)) for Exempt		se from the	Grade	Vear course was
Name of Course (s) CTIS Course) for Exempt	Substitute cour previous institu		Grade received	Year course was
) for Exempt	Substitute cour			
) for Exempt	Substitute cour			
CTIS Course		Substitute cour	ntion	received	completed
CTIS Course Nb. The registrar de	epartment ma	Substitute cour previous institu	a transcript if t	received there is a need	completed
CTIS Course	epartment ma	Substitute cour previous institu	a transcript if t	received	completed
CTIS Course Nb. The registrar de	epartment ma	Substitute cour previous institu	a transcript if t	received there is a need	completed
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Nb. The registrar de	epartment ma	Substitute cour previous institute y request a copy of	a transcript if t Date:	received there is a need	completed
Nb. The registrar de	epartment ma	Substitute cour previous institute y request a copy of	a transcript if t Date:	received there is a need	completed
Nb. The registrar de	Approved	Substitute cour previous institute y request a copy of a	a transcript if t Date:	received there is a need	completed