

College of Theological & Interdisciplinary Studies  
REQUEST FOR COURSE EXEMPTION FORM

Name \_\_\_\_\_  
*Last Name*
*First Name*

Contact details: Email: \_\_\_\_\_ WhatsApp: \_\_\_\_\_

Programme of Study: \_\_\_\_\_

Campus enrolled:  Twickenham  May Pen  Montego Bay

Year of Study:  First Year  Second Year  Third Year  Fourth Year

School ID #: \_\_\_\_\_

**Education Qualification**

Previous Diploma/Degree	Year Granted	Institution Attended

**Name of Course (s) for Exemption**

CTIS Course	Substitute course from the previous institution	Grade received	Year course was completed

*Nb. The registrar department may request a copy of a transcript if there is a need*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Official Use***

Decision:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved
	Reason: _____	
	_____	
Approved by:	_____	
Date:	_____	