



COLLEGE OF AGRICULTURE, SCIENCE & EDUCATION
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APPLICATION FOR MODULE EXEMPTION

Please complete the form in **TRIPLICATE**, type or print all information in **BLOCK LETTERS**.

NAME: _____ **ID#** _____

FACULTY: _____ **DEPARTMENT:** _____

PROGRAMME: _____

ACADEMIC YEAR: _____ **SEMESTER:** _____ **Email:** _____

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

MODULE			DECISION		
Name	Code	Credits	Approved	Denied	Comment & Signature

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

- | | |
|---|--|
| <input type="checkbox"/> Transcript | <input type="checkbox"/> CXC/CAPE Certification |
| <input type="checkbox"/> Progress report | <input type="checkbox"/> Job Description & Employer's Verification |
| <input type="checkbox"/> Module/Course description(s) | <input type="checkbox"/> Syllabus/Course Outline |

Student's Signature _____ **Date:** _____

Retain a copy for your own records

Faculty/Department Stamp

For Office Use Only		
Date received _____	Documentation complete: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fee Payments Completed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Initials _____	
Evaluator's (PD) Recommendation: Code(s) for exempted module(s)		

Evaluator's Name _____	Signature: _____	Date _____
Dean/HOD/Name _____	Signature: _____	Date _____
Registrar/Asst. Registrar's Name: _____	Signature: _____	Date _____