# 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: _____

` 
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** |
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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_____**