

Application for Exemption/Credit Transfer

PLEASE COMPLETE AND RETURN TO THE STUDENT SERVICES OFFICE (ALONG WITH OFFICIAL TRANSCRIPT)

Student Name:				Student #:			
E-	mail Address:						
Pr	ogram:			Campus:	Campus:		
Yε	ear: 🗖 1 🔲	2 🗖 3		Semester:			
Cr		_		iption and course number quivalency in the course material	required		
1. 2. 3.	MUST be accome A passing grade Subject to AC-1 have been previous	npanied by an offi in a course at and 04-PR, Section 1.3 iously completed,	cial transcript a other post-secon 3, in cases wher credits will be b	ervices Office within ONE WEEK or and detailed course descriptions. adary institution must be attained be exemptions are granted based brought forward and included with number of exemptions in any give	for exemption in IDENTICAtion in academic	on consideration. AL courses which c calculations.	
ľ	TO BE COMPLETED BY STUDENT						
I	CNA COURSE(S) REQUESTED				SED UPON		
ŀ	Course Number	Course	Name	School Previously Attended Course		Number Completed	
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ľ			TO BE CON	MPLETED BY COLLEGE			
ŀ			APPROV	T T			
	CNA Course Numb	er Exemption	Credit E Transfer	Based On (e.g. transcript / course outline / Transfer Guide)	Initial	Initial	
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ľ							
In ai pe cc	formation and Protect. odate your academic re nd academic advisement ersonal information will ollection and use of this ww.cna.nl.ca/about/al	ion of Privacy Act, 202 cord. This information nt. This personal inforn Il be stored in accorda s information please co tippa.asp.	15 (ATIPPA). Student on will be used by Coll mation is collected u nce with our normal ontact the College's	nment of Newfoundland and Labrador, and tervices is collecting your personal informing ege employees as required to complete the under the authority of the College Act 1996 I network and information security measur Registrar at 709-643-0827. For more information to the collection and use of	nation to proce eir work in relat (SNL1995, Cha es. For further rmation about t	ss your request and to ion to your application pter C-22.1). Collected information about the ATIPPA please visit	
St	udent Signature:_			Date:_			
Official Signature				Data			