

LOYALIST COLLEGE
Course Exemption Request



RETURN TO ADMISSIONS

(Please Print)

Student Name: _____

Student Number: _____ **Date:** _____

Program: _____

The following course exemptions have been granted:

Level	Course Code	Section	COURSE TITLE
1.	_____	_____	
2.	_____	_____	
3.	_____	_____	
4.	_____	_____	
5.	_____	_____	
6.	_____	_____	
7.	_____	_____	
8.	_____	_____	

Reason(s) for granting exemptions:

Signature of Co-ordinator

Date

Signature of Dean

Date

Signature of Student

Date

WHITE-ADMISSIONS

YELLOW-COORDINATOR