

Application for Exemption/Credit Transfer

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

Stı	udent Name:	Student #:					
E-r	mail Address:						
Pr	ogram:				_Campus:		
Ye	ar: 🗖 1 🗆	2 🗖 3			Semester:		
Cre				iption and course quivalency in the o	number course material re	quired	
1. 2. 3.	MUST be accome A passing grade Subject to AC-1 have been prev	npanied by an off in a course at an 04-PR, Section 1. iously completed	icial transcript a other post-secon 3, in cases wher , credits will be b	nd detailed course ndary institution m re exemptions are brought forward a	nin ONE WEEK of the descriptions. In our be attained for granted based or and included within tions in any given	r exemptic n IDENTICA n academic	on consideration. AL courses which c calculations.
Γ	TO BE COMPLETED BY STUDENT						
L	CNA COURSE(S) REQUESTED			BASED UPON			
-	Course Number	Course	Course Name		usly Attended	Course Number Completed	
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l	APPROVED				NOT APPROVED		
	CNA Course Numb	per Exemption	Credit E Transfer	Based On (e.g. transcr / Transfer		Initial	Initial
ŀ							
Inf up an pe co.	formation and Protect date your academic red d academic adviseme rsonal information wi llection and use of thi ww.cna.nl.ca/about/a	tion of Privacy Act, 20 ecord. This information nt. This personal infor Il be stored in accordo s information please o tippa.asp.	15 (ATIPPA). Student in will be used by Coll imation is collected u ince with our normal contact the College's	t Services is collecting lege employees as requ Inder the authority of i I network and informa Registrar at 709-643-	nd and Labrador, and is your personal informan uired to complete their the College Act 1996 (S tion security measures. 0827. For more inform	tion to proce. work in relati NL1995, Cha For further ation about t	ss your request and to ion to your application pter C-22.1). Collected information about the ATIPPA please visit
Student Signature:					Date:		
Ωf	ficial Signature:				Nate:		