



Application for Exemption/Credit Transfer

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

Student Name: _____ Student #: _____

E-mail Address: _____

Program: _____ Year: 1 2 3

Campus: _____ Semester: _____

1. Application **MUST** be submitted to the Student Services Office within **ONE WEEK** of the semester start date and **MUST** be accompanied by an official transcript and detailed course descriptions.
2. **A MINIMUM MARK OF 50%** in a course at another post-secondary institution must be attained for exemption consideration.
3. Subject to AC-104-PR, Section 1.3, in cases where exemptions are granted based on IDENTICAL courses which have been previously completed, credits will be brought forward and included within academic calculations.
4. Eligibility for College Awards will depend on the number of exemptions in any given academic year.

TO BE COMPLETED BY STUDENT			
CNA COURSE(S) REQUESTED		BASED UPON	
Course Number	Course Name	School Previously Attended	Course Number Completed

TO BE COMPLETED BY COLLEGE					
APPROVED					NOT APPROVED
CNA Course Number	Exemption	Credit Transfer	Based On	Initial	Initial

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). Student Services is collecting your personal information to process your request and to update your academic record. This information will be used by College employees as required to complete their work in relation to your application and academic advisement. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the College's Registrar at 709-643-0827. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.

I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.

Student Signature: _____ Date: _____

Official Signature: _____ Date: _____