



# EXEMPTION/CREDIT TRANSFER

## FOR DISTRIBUTED LEARNING

PLEASE COMPLETE AND RETURN TO THE STUDENT SERVICES OFFICE, ALONG WITH OFFICIAL TRANSCRIPT.

### PERSONAL INFORMATION

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

### PROGRAM INFORMATION

Program: \_\_\_\_\_

Year:     1     2     3

Campus: \_\_\_\_\_

Semester: \_\_\_\_\_

### REQUIREMENTS

1. Applications for exemptions / credit transfer in ALL semesters should be submitted in September.
2. Application MUST be submitted to the Student Services Office within ONE MONTH of the date of registration and MUST be accompanied by an official copy of previous post-secondary academic records.
3. A MINIMUM MARK OF 50% in a course at another post-secondary institution must be attained for exemption consideration.
4. 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.
5. Eligibility for College Awards will depend on the number of exemptions in any given academic year.

TO BE COMPLETED BY STUDENT				TO BE COMPLETED BY COLLEGE				
Course(s) Requested				Approved				Not Approved
Course Number	Course Name	School Previously Attended	Course Number Completed	Exemption	Credit Transfer	Based On	Initial	Initial

### CNA POLICIES, RULES AND REGULATIONS

#### Protection of Privacy

The personal information that you provide to College of the North Atlantic is collected under the authority of the College Act 1996 and the Access to Information and Protection of Privacy (ATIPP) Act. Collected personal information is protected from unauthorized access, collection, use and disclosure in accordance with the ATIPP Act and can be reviewed or corrected on request. Questions regarding the collection of this personal information can be directed to the college's Registrar at College of the North Atlantic – Headquarters, 432 Massachusetts Drive, P.O. Box 5400, Stephenville, Newfoundland and Labrador, Canada, A2N 2Z6, (709) 643-0827, [registrar@cna.nl.ca](mailto:registrar@cna.nl.ca).

In signing this application, I have read and understand the Privacy statement and consent to the collection and use of this personal information.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_