

## PARTICIPANT'S EXEMPTION REQUEST

**READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM, *FAILURE TO COMPLY* IN FULL WILL DELAY THE PROCESSING OF YOUR REQUEST.**

### INSTRUCTIONS:

1. Please complete **ALL** sections *IN BLOCK CAPITALS*, sign and date your request.
2. Your application is ready for processing when **ALL** supporting details are supplied.
3. The institution from which the course is certified, must be registered by a recognized accrediting body, e.g., the University Council of Jamaica (UCJ).
4. The course/programme must be accredited, and considered relevant to the programme that is currently being pursued, and for which the exemption is being sought.
5. There must be equivalency in terms of:
  - a. Hours
  - b. Content level/depth
  - c. Entry level
  - d. Delivery and assessment methodology.
6. You must have attained a minimum grade point average of **3.0** or a grade **B (75%)** for the course that is being used to apply for credit exemption.
7. Credit exemption(s) will not be considered for programme(s) completed **five (5)** years prior to the time of request.
8. Credit exemption will not be granted for more than **40%** of the programme that is being pursued by the participant.
9. A **certified copy** of academic transcript(s) and course outline(s) are to be **sent by the institution under sealed envelope** to MIND's Registry and Records Management unit.

### CHECK LIST - FOR OFFICIAL USE ONLY

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>GRADE</b>      | <input type="checkbox"/> <b>HOURS</b>       | <input type="checkbox"/> <b>COURSE CONTENT</b>         |
| <input type="checkbox"/> <b>TRANSCRIPT</b> | <input type="checkbox"/> <b>MIND COURSE</b> | <input type="checkbox"/> <b>ACCREDITED INSTITUTION</b> |

1. \_\_\_\_\_  
SURNAME

2. \_\_\_\_\_  
FIRST NAME

3. \_\_\_\_\_  
MAILING ADDRESS

4. \_\_\_\_\_  
TELEPHONE # ©

5. \_\_\_\_\_  
PERMANENT MAILING ADDRESS

6. \_\_\_\_\_  
TELEPHONE # (H)

7. \_\_\_\_\_  
TELEPHONE # (W)

8. \_\_\_\_\_  
EMAIL ADDRESS

.../2

9. Programme currently being pursued at MIND:

\_\_\_\_\_

10. Exemption(s)

(a) Courses for which exemption is being sought

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Equivalent programme/course completed:

Institution: \_\_\_\_\_

Programme: \_\_\_\_\_

Course:	Grade Achieved
_____	_____
_____	_____
_____	_____

Date of programme completion: \_\_\_\_\_

11. Other Details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**COMMENTS – FOR OFFICIAL USE ONLY.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommended: \_\_\_\_\_  **YES**  **NO** Date: \_\_\_\_\_

Approved: \_\_\_\_\_  **YES**  **NO** Date: \_\_\_\_\_