Application for Exemption

Credit awarded to a student in recognition that the course requirement is waived through academic assessment and/or testing based on prior academic achievements.

Application due within the first 10 school days of the academic semester. Please submit application to pathways@sl.on.ca

A. Personal Information

Last Name: _____ First Name: _____

E-mail: _____ Phone Number: _____

SLC ID: _____ Student Signature: _____ Date: _____

Program: _____ Level: _____ Campus: _____

B. Course Details

St. Lawrence College Course Details		Academic Achievement Received (certification, course, etc.)				Office Use Only	
Subject & Course Code	Course Title	Institution	Course Title (if applicable)	Grade Achieved (if applicable)	Date Completed	Method of Assessment	Grade

Office Use Only:

Program Coordinator/Faculty Assessor (Print): _____ Signature: _____ Date: _____

Exemption: Student meets exemption requirements   Student does not meet exemption requirements due to: _____

_____

  Fee Added   Fee Paid   Exemption Grade Posted   Student Advised

Pathways Coordinator (Print): _____ Signature:_____ Date: _____