



WAFIF Christian College

55 Old Harbour Road, Spanish Town, St. Catherine

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FORM 002 - APPLICATION FOR EXEMPTION

SECTION 1: STUDENT AND CONTACT INFORMATION

DATE: _____

*FIRST NAME

*MIDDLE NAME(S)

*LAST NAME

School Email Address: _____ Student ID #: _____

PHONE _____ (HOME) _____ (MOBILE) _____ (WORK)

Section II – Programme of Study

Programme of Study: _____

Academic Year/Semester: _____ / _____

Exemption Previously received : Yes/No

WCTIS Course to be exempted from	Substitute Course from previous studies	Institution where course was done	Grade Received	Date Course was taken	DECISION

For Official Use Only

Completed Form Submitted with Official Transcript

Comments on Decision: _____

Reviewed By Module Leader: _____ Date: _____

_____ Date: _____

Approved by: _____ Date: _____