



REQUEST FOR APPROVAL OF CREDIT TRANSFER / EXEMPTION

Registry, 14-18 West Avenue, Constant Spring, Kingston 8
 Telephone: (876) 969-8211, 969-8803, 969-1226 Fax (876) 925-9129

Division of Academic Affairs

Name _____ Student # _____ Box # _____ Telephone # _____
 Major (s) _____ Anticipated Graduation Date: _____
 Institution(s) attended _____ Country _____ Dates you attended _____
 Is above on semester or quarter * Academic Calendar? _____ Are you planning to be certified to teach Yes _____ No _____

* One quarter hour transfers as 667 semester hours rounded to whole number. Courses with a grade below B are not transferable. A maximum of 62 semester hours can be transferred from community colleges and will receive lower division credit only. The student is responsible to request that official transcript be sent to The Registrar's Office.

Courses You Have Taken	# of Credits	Semester	Quarter	Equivalent course at JTS	For Registrar's Office Use Only

Student's Signature _____ Date _____

REGISTRAR'S OFFICE USE

The courses requested and their application to the degree program at J.T.S are approved as noted above for a total of _____ semester credit hours.

Registrar's Signature _____ Date _____

NB: Copy on student's file; letter to student advising of decision of Academic Affairs Committee