

REQUEST FOR EXEMPTION

This notation is used for students who are exempted from certain courses. It does not allow the student to receive credit for the exempted course and the course does not have to be replaced by another course. The exemption is generally granted to students who, for medical reasons, cannot complete their physical education requirements. (Policy 5, 3.5.1 (a))

IMPORTANT: All exemption requests must be submitted to Student Services and completed before the end of the semester in which the course is given (or end of the course for AECs).

Student Name: _____ Student #: _____

Current semester: fall winter summer Year: _____

Course you wish to be exempted: _____

Are you presently registered for this course? Yes No

Documentation attached: _____

Student Services will notify you of the outcome via Omnivox.

TO BE COMPLETED BY STUDENT SERVICES	
<input type="checkbox"/> Course exemption recommended	<input type="checkbox"/> Course exemption NOT recommended
Comments: _____	
_____	_____
Advisor's Signature	day/month/year
Document verified by: _____	
Registrar's Signature	day/month/year

TO BE COMPLETED BY THE ACADEMIC DEAN	
<input type="checkbox"/> I approve the exemption	<input type="checkbox"/> I do NOT approve the exemption
Comments: _____	
_____	_____
Academic Dean's Signature	day/month/year

TO BE COMPLETED BY STUDENT SERVICES	
Exempted course #: _____	Semester: _____
Entered by: _____	Date: _____
Technician's Signature	day/month/year
<input type="checkbox"/> Letter to student	<input type="checkbox"/> RCS re-transmitted
<input type="checkbox"/> OSA assessed	<input type="checkbox"/> OSA transmitted (if needed)

PLEASE RETURN FORM TO STUDENT SERVICES