



Comprehensive Arts & Science (CAS) Transition Application for Exemption

PLEASE COMPLETE AND RETURN TO THE STUDENT SERVICES OFFICE

Student Name: _____ Student Number: _____

Campus: _____ Semester: _____

1. Application **MUST** be submitted to the Student Services Office within **ONE WEEK** of the semester start date.
2. This application is to be used **ONLY** for the CAS Transition program **AND** only for courses Communications CM1060/1061 and/or Mathematics MA1040/1041.
3. This application and eligibility for exemption is based on a combination of assessment scores (e.g. ACCUPLACER), Level III high school grades in the appropriate subject area and any completed post-secondary training in the appropriate subject area.
4. If a course at another post secondary institution is to be considered, the transcript **MUST** be attached to this application.
5. Eligibility for College Awards will depend on the number of exemptions in any given academic year.

TO BE COMPLETED BY STUDENT				TO BE COMPLETED BY COLLEGE					
COURSES REQUESTED				ACCUPLACER SCORES				APPROVED	NOT APPROVED
Course #	Course Name	High School Grade	Course # completed/ previous school	ARIT Score	ALGE Score	RD Score	SS Score	INITIAL	INITIAL
1060	Communications								
1040	Math								
1061	Communications								
1041	Math								

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). Student Services is collecting your personal information to process your request and to update your academic record. It will only be used for this purpose. All personal information you provide may be disclosed to Admissions staff. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the College's Registrar at 709-643-0827. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.

I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.

Student Signature: _____

Date: _____

Official Signature: _____

Date: _____