

COURSE EXEMPTION FORM
MSc and PhD Programs, Pathology and Laboratory Medicine

Student Name:

Date:

Supervisor(s):

Advisory Committee Members:

Exemption requested for:

Previous course taken that satisfies the requirements

Course Number: Dates: Mark Received: Institution:

Signatures:

Supervisor(s):

Advisory Committee Members:

Attach details on the equivalent course already taken and/or reasons for requesting the exemption. Equivalent course information should include course syllabus/outline, evaluation scheme, hours of instruction etc. Return completed form with attachments to Graduate Program coordinator (pathgrad@uwo.ca).

APPROVAL

Graduate Chair:

Date: