

Catherine McAuley School of Nursing and Midwifery APPLICATION FORM – EXEMPTIONS

Surname:	First Name:	Student ID number:
UCC student emai	il:	Telephone No:
Programme:		
(e.g. B	Sc General/Midwifery/ID/Mental Health/	Integrated, PGDip Gerontology/Oncology, MSc Midwifery etc.)
Year you first regi	stered for this programme (e.g. 2022	, 2023 etc.):
If <u>NOT</u> currently re	egistered, please give the <u>year</u> when	you were most recently registered:
and the course yo	u were registered for:	
Date of request:		
Reason for reque	st:	
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	FOR O	FFICE USE ONLY
	by <u>Programme Lead (Undergraduate F</u> plications, consult with Module Lead	
Approved Approved	Not Approved	Date:
Reason for	, , , , , , , , , , , , , , , , , , ,	
Decision:		
Recommendation	by <u>Director of Undergraduate Educa</u>	tion.
Approved	Not Approved	Date:
Reason for Decision:		

Please return this form <u>by email only</u>, with any supporting evidence e.g. transcripts, module descriptions, medical certificates etc. attached as scan/photo, to the relevant email address below. Hard copy forms will not be accepted.

<u>Undergraduate:</u> <u>SONMUnderGrad@ucc.ie</u>