

**Florida College of Integrative Medicine  
Course Exemption Request**

Student Name \_\_\_\_\_ Class \_\_\_\_\_ /Sem \_\_\_\_\_ Date \_\_\_\_\_

I request that my transcript(s) be evaluated to see if I can be exempted from the following courses:

FCIM Course Name	Prior College Course Code/Course Name	Approved/Disapproved	Partial Hours/Comments
Student list course(s) to be exempted from		For office use only	For office use only.

If a 'transfer' application fee was not paid upon admission then there is a \$100.00 fee for this process. This fee must be paid to the Director of Finance (Susan Hoeh) prior to the evaluation being made.

Once payment has been made to the Director of Finance (Susan Hoeh), you should submit this form to the Academic Dean (Dr. Chai) via her mailbox in Administration.

***Requests for exemption evaluation must be made within six months of enrollment at FCIM.***

**Student Signature \_\_\_\_\_ Contact Telephone \_\_\_\_\_**

*\*If more space is needed for courses, please attach additional paper.*

**Director of Finance Signature/Stamp \_\_\_\_\_ Paid \_\_\_\_\_**

**Susan Hoeh**

**Academic Dean Signature \_\_\_\_\_ X17**

**Dr. Chai**