

U-Pass BC Exemption Request

Term: Summer 2019

Please Print Clearly

Last Name _____	First Name _____
Address _____	City _____
Postal Code _____	Telephone _____
Email _____	Student # _____

Please do not submit form until you are registered in a course(s).

I request an exemption from the U-Pass BC Program as I meet the conditions of **one** of the following exemption provisions. Please choose **one** option only and **provide the required documentation** as described below:

- I hold a valid U-Pass BC issued from another post-secondary educational institution (name and student number must be on the back of the existing pass).
- I hold a valid Transit Pass (copy of valid pass must be supplied) for the duration of the term.
- I have a disability that prevents the use of conventional transit or HandyDART. If you have a physical or psychological condition that has been diagnosed by a qualified medical professional and prevents you from using public transit (including HandyDART), your Exemption Request must be approved by Accessibility Services. You will be required to provide Accessibility Services with medical documentation supporting your claim. Please do not forward any personal medical documentation to the Cashiers' Office.

Instructions:

- It is the student's responsibility to ensure that this form is completed and includes ALL required supporting documentation.
- Approved exemptions will take effect in the month this form is received. Retroactive exemptions are not permitted.
- Additional information regarding exemptions may be found on our website www.capilanou.ca/upass.
- Mail, fax or drop off completed form with the required documentation to the Cashiers' Offices at the address/fax listed below.
- You will be contacted by email only if your Exemption Request is denied.

Student Signature _____

Date _____

OFFICE USE ONLY

U-Pass BC Received from Student: Yes No

Decision: Granted Denied Reason _____

Date Received from Student _____

Date Student Notified _____