



College of New Caledonia Students' Union

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UPASS EXEMPTION FORM

Please Print Clearly

Student Number: _____

Email Address: _____

First Name : _____

Last Name : _____

Phone Number : _____

Address : _____

Apt. _____

City, Province: _____

Postal Code: _____

REASONS FOR EXEMPTION:

- Wishes to opt-out from the U-PASS program during COVID-19. (Intersession 2020)

Student Signature: _____ Date: _____

STUDENTS' UNION AUTHORIZATION

Name / Position

Date