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## **Elective Exemption Request Form**

Date:	Full Name:	
Address:		
City	Province:	Postal Code
Telephone:	Email:	
***Note: This form should	be used to determine if future course(s) v	vill qualify for exemption.
You are requesting exemption	for how many electives? $\Box$ One (1)	☐ Two (2)
At what college/university die	d you complete the course(s) to be considered	ed for exemption?
Date Course(s) Completed:		
Course Title(s):		
Duration of course (must be a		Grade(s) (min 60% or 'C' Required)
Requests for course exemption		course outlines. Course outlines submitted must n (7) years old will not be accepted.
	rsity umber	etc.)
Fee: \$35.00 + \$4.55 (HST)	= \$39.55 (per request) (Fee is waived for	paid up IHM members) HST #6567 RT0001
PAYMENT BY CHEQUE OF	NLY. Cheque must be payable to <b>Institute</b>	of Housing Management
For office use only		
Date received:	Payment received:	Approved:   Yes   No
Comments.		