

# Student Exemption Form

SMD19\_Version 1.1  
 Implemented: December 2017  
 To be reviewed: December 2018



*Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections*

<b>Title: Mr / Ms / Miss / Mrs</b>	<b>Student Name:</b>
<b>Student Number:</b>	<b>Phone:</b>
<b>Course Title:</b>	<b>Email:</b>
<b>Group:</b>	<b>Date:</b>

**Type of Recognition (Tick all that apply)**

**Credit Transfer**                       **Recognition of Prior Learning**

**Evidence Supplied (Tick all that apply)**

<b>Statement of Results</b>		<b>Reference which can be contacted</b>	
<b>Accredited Certificate</b>		<b>Resume</b>	
<b>Subject Outline including Performance Criteria</b>		<b>Examples of relevant work samples</b>	
<b>Position Description</b>		<b>Other:</b>	

**List the details below of all units you are applying credit for**

<b>Unit name and code</b>	<b>RPL / CT (circle) Yes / No</b>	<b>Nominal Hours</b>	<b>Institution</b>	<b>Qualification</b>

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## Student Declaration

All information provided by me in this form, including supporting documentation is true and correct, and I wish to apply for exemptions for the above named units of competency. I understand that where exemptions are granted that results in a shortening of my course, this information will be provided to the Department of Home Affairs through PRISMS and may affect my student visa.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office use only

Application Received By	Name:	Signature:	Date:
Challenge Exam Required (Please circle)	YES / NO		
The competencies of the above student have been reviewed and exemption for the requested units of competency has been: APPROVED / REJECTED			
Action Taken By	Name:	Signature:	Date:
Staff Comments:			

