Student Exemption Form



Please ensure to fill this form correctly.	Incorrect	or	incomplete fo	orms will result in dela	ys or rejections		
Title: Mr / Ms / Miss / Mrs	Stude	ent	Name:				
Student Number:	Phon	ıe:					
Course Title:	Emai	il:					
Group:	Date	:					
Type of Recognition (Tick all that apply)							
Credit Transfer Recognition	n of Prior I	Lea	rning 🔲				
Evidence Supplied (Tick all that apply)			<u> </u>				
Statement of Results			Reference which can be contacted				
Accredited Certificate			Resume				
Subject Outline including Performance Criteria			Examples of relevant work samples				
Position Description			Other:				
List the details below of all units you are applyi				T	0 1:0 .:		
Unit name and code	RPL / C' (circle) Yes / No		Nominal Hours	Institution	Qualification		

Student Exemption Form
Version: 4.0
Implemented: 1st February 2024
To be reviewed: 1st February 2026
Responsibility: Chief Executive Officer
RTO Code: 0249, CRICOS Provider Code: 03282E

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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:	tudent Signature: Date:					
Office use only						
Application Received By	Name:	S	ignature:	1	Date:	
Challenge Exam Required (Please circle)	YES / NO					
The competencies of the above been: APPROVED / REJECTED		en reviewed	and exemption	n for the requested un	its of competency has	
			i an atuma.		Data	
Action Taken By	Name:	3	ignature:		Date:	
Staff Comments:						

Student Exemption Form



	EX	EMPTION S	UMMARY				
Title: Mr / Ms / Miss /	Student Na	Student Name: Phone:					
Student Number:	Phone:						
Course Title:	ourse Title: Email:						
Group:	Date:	Date:					
Hait/a of Commetence		<u>'</u>	Почи	Ess Dadustian			
Unit/s of Competency			Hours	Fee Reduction			
		Total F	ees Reduction	\$			
ourse Tuition Fees:	\$						
otal Exemption Fees:	\$						
djusted Fee Total:	\$						
Staff Signature:				Date:			
Student Signature:				Date:			

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