



Application for Course Substitution

Identity number						IMPORTANT INFORMATION											
Family name												Use this form if:					
First names												<ul style="list-style-type: none"> You require a previously completed course to substitute for a course prescribed in your current Program Requirements; or You have an agreement with your Program Director about an exception(s) to the published Program Requirements. 					
Program code		Program title										See your Program Requirements at: http://www.unisanet.unisa.edu.au/programs/					
Career		<input type="checkbox"/> Undergraduate		<input type="checkbox"/> Postgraduate		Academic plan											

Student to complete							Program Director	
Previously completed course(s)				Equivalent course(s) in published Program Requirements			Approved	
Year	Subject area/	Catalogue no	Course title	Subject area	Catalogue no	Course title	Yes	No
Student Signature			Date / /		Program Director/Nominee name		Date / /	
					Program Director/Nominee signature			

Office Use		Comments	
Internal Comment Added			
Date / /	Initials		

Please submit this form to Campus Central. If you have any concerns, please contact Campus Central for assistance. KEEP A COPY OF THIS COMPLETED FORM, INCLUDING PROGRAM DIRECTOR SIGNATURE, FOR YOUR RECORDS