



Identity Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										<p align="center"><b>IMPORTANT INFORMATION</b></p> <ol style="list-style-type: none"> <li>Exemption is release from specified parts of a course.</li> <li>You must enrol in classes for the course in which exemption is sought.</li> <li>If your claim for exemption is based on work completed at another institution including the South Australian Institute of Technology and the South Australian College of Advanced Education (or its antecedent institutions) you must complete and submit with this application form             <ol style="list-style-type: none"> <li>a copy of your academic record, and</li> <li>syllabuses or other documents showing the scope and content of work completed.</li> </ol> </li> <li>Lodge this form with your Course Coordinator.</li> <li>Retain a copy for your records.</li> </ol>
Family Name			First Names							
Address					State		Postcode			
Study Period		Program Code			Program Title					
Career		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate			Academic Plan					
Are you a full-fee paying overseas student?				<input type="checkbox"/> Yes		<input type="checkbox"/> No				
Are you currently enrolled in the above program?				<input type="checkbox"/> Yes		<input type="checkbox"/> No				

Course(s) for which exemption is sought										Office Use Only			
Subject Area	Catalogue Number	Title	Exemption Sought						Yes	No	Course Coordinator Signature	Date	
			<input type="checkbox"/> Lecture	<input type="checkbox"/> Tutorial	<input type="checkbox"/> Practical	<input type="checkbox"/> Workshop	<input type="checkbox"/> Project	<input type="checkbox"/> Other					
			<input type="checkbox"/> Lecture	<input type="checkbox"/> Tutorial	<input type="checkbox"/> Practical	<input type="checkbox"/> Workshop	<input type="checkbox"/> Project	<input type="checkbox"/> Other					
			<input type="checkbox"/> Lecture	<input type="checkbox"/> Tutorial	<input type="checkbox"/> Practical	<input type="checkbox"/> Workshop	<input type="checkbox"/> Project	<input type="checkbox"/> Other					
			<input type="checkbox"/> Lecture	<input type="checkbox"/> Tutorial	<input type="checkbox"/> Practical	<input type="checkbox"/> Workshop	<input type="checkbox"/> Project	<input type="checkbox"/> Other					
			<input type="checkbox"/> Lecture	<input type="checkbox"/> Tutorial	<input type="checkbox"/> Practical	<input type="checkbox"/> Workshop	<input type="checkbox"/> Project	<input type="checkbox"/> Other					

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