



EXEMPTIONS REQUEST FORM

OFFICIAL USE ONLY Receipt No:

INSTRUCTIONS

- Please read through the form carefully before filling.
- Provide information where appropriate.
- Please write in **Block** Letters and Mark with an "X" where appropriate e.g

STUDENT INFORMATION

Name: (Mr/Mrs/Ms/Dr/Prof): _____

STUDENT NUMBER: _____

PROGRAMME : _____

TRANSCRIPT / STATEMENT OF RESULTS ATTACHED: YES NO

CONTACT DETAILS

Telephone No: _____ Mobile Phone No: _____

Email Address: _____ Fax: _____

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COURSES EXEMPTED

1	<input type="text"/>	10	<input type="text"/>
2	<input type="text"/>	11	<input type="text"/>
3	<input type="text"/>	12	<input type="text"/>
4	<input type="text"/>	13	<input type="text"/>
5	<input type="text"/>	14	<input type="text"/>
6	<input type="text"/>	15	<input type="text"/>
7	<input type="text"/>	16	<input type="text"/>
8	<input type="text"/>		
9	<input type="text"/>		

RECEIVED BY: _____

APPROVED:

DATE: _____

OFFICIAL USE ONLY

PROCESSED BY: _____

COMMENT: _____

DATE: _____