



# Application for Exemption

Return this form in person to:

Student Information Centre (SIC) Building G, Level 1,  
or

Return via post to:

Student Information Centre (SIC), Swinburne University of Technology  
Sarawak Campus, Building G, Level 1, Jalan Simpang Tiga  
93350 Kuching Sarawak, MALAYSIA  
Facsimile: +06 82 260819



**Section A: Instructions and information**

Step 1: Complete sections B & C, sign and date the application form.

- Please use BLOCK LETTERS.
- Please tick ✓ the appropriate boxes.

Step 2: Return Completed Form, together with a certified copy of your academic record and syllabus details of the units you have already studied or details of work experience to Student Information Centre, SIC.

- Certified documents must be signed by an authorized person (e.g. police, chemists, doctors, accountants, justice of the peace) and must include an original signature, the name, address and title of the person signing, and an appropriate registration number. Photocopies of previously certified documents are not acceptable.

- **Policy and Procedures:** - For information about Exemption and Credit Transfer Policy please refer to <http://policies.swinburne.edu.au/ppdonline/showdoc.aspx?recnum=POL/2007/19>
- **Exemption:** An exemption is based upon previous study undertaken at a university or other equivalent institution.
- **Matched, Unmatched & Block exemptions:** A Swinburne exemption may be defined as a “specified”, or “matched” exemption where students are exempted from a particular unit of study; an “unspecified” or “unmatched” exemption where students are given exemptions which are not linked to any particular units and/or a “block” exemption where an exemption is given for one or more teaching periods (eg all the units in a semester or year of the course).

**Section B: Personal Details (must be completed)**

TITLE (eg Mr, Mrs, Ms) \_\_\_\_\_ FAMILY NAME (SURNAME) \_\_\_\_\_ STUDENT ID \_\_\_\_\_

GIVEN NAME(S) \_\_\_\_\_ SWINBURNE EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ POSTCODE \_\_\_\_\_

PROGRAM CODE \_\_\_\_\_ PROGRAM TITLE \_\_\_\_\_ CAMPUS \_\_\_\_\_

ARE YOU AN INTERNATIONAL STUDENT STUDYING ON CAMPUS IN MALAYSIA?  Yes  No

International on Campus Students Please Note: The Department of Immigration will be advised of any reduction in program duration resulting from approved exemptions

HAVE YOU PREVIOUSLY APPLIED FOR EXEMPTIONS, CREDIT TRANSFER OR RECOGNITION OF PRIOR LEARNING (RPL)?  Yes  No

If YES please provide details of your application(s)

How many units did you receive exemption or RPL for? \_\_\_\_\_ Has any of the study used to gain previous exemptions been included in this application  Yes  No

<b>Faculty Office Use Only</b>	Total No Of Units Of Study Exempted	Total percentage of program for which credit has been/will be granted if this application is approved	International Students– indicate expected completion date*	Total Number of Pages (Including this one)
	_____	_____ %	_____/_____/_____ (month/year)	_____
	Total EFTSL/Credit Points Exempted	Meeting Date	Swinburne International notified of program length variation.	Signature Of Administrator
	_____	_____/_____/_____	Date _____ Signed _____	_____

**\* The School must notify Student Recruitment if the exemptions result in a program duration that is less than that specified in the student’s offer letter.**

**Section C: Details of Exemption(s) (must be completed) - if there is insufficient space please attach multiple copies of this page. (Grey areas are Office Use Only)**

Family Name		Given Name(s)		Student ID		Program			
Swinburne Unit (Exemption Sought)		Grounds Upon Which Exemption Is Sought (Prior Study)		Additional Information (Office Use)		Recommendation (Coordinator)			
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>
				Prior Unit Field of Study Code*		Signed			
		Year	Institution Name	Preclusions (replacement unit to be taken – details)		Name		Date	
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>
				Prior Unit Field of Study Code*		Signed			
		Year	Institution Name	Preclusions (replacement unit to be taken – details)		Name		Date	
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>
				Prior Unit Field of Study Code*		Signed			
		Year	Institution Name	Preclusions (replacement unit to be taken – details)		Name		Date	
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>
				Prior Unit Field of Study Code*		Signed			
		Year	Institution Name	Preclusions (replacement unit to be taken – details)		Name		Date	
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>
				Prior Unit Field of Study Code*		Signed			
		Year	Institution Name	Preclusions (replacement unit to be taken – details)		Name		Date	
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>
				Prior Unit Field of Study Code*		Signed			
		Year	Institution Name	Preclusions (replacement unit to be taken – details)		Name		Date	
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>
				Prior Unit Field of Study Code*		Signed			
		Year	Institution Name	Preclusions (replacement unit to be taken – details)		Name		Date	
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>
				Prior Unit Field of Study Code*		Signed			
		Year	Institution Name	Preclusions (replacement unit to be taken – details)		Name		Date	
Student Signature			Date	Date Entered on EV		Entered By (Name/Signature)			

\* Only required where prior study is FND.