

Student Exemption Form

Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections.

Title: Mr / Ms / Miss / Mrs	Student Name:		
Student Number:	Phone:		
Course Title:	Email:		
Batch:	Date:		
Type of Recognition (Tick all that apply)			
Credit Transfer <input type="checkbox"/>		Recognition of Prior Learning <input type="checkbox"/>	
Evidence Supplied (Tick all that apply)			
Statement of Results		Reference which can be contacted	
Accredited Certificate		Resume	
Subject Outline including Performance Criteria		Examples of relevant work samples	
Personal Resume		Other:	
Position Description			

List the details below of all units you are applying credit for				
Unit name and code	RPL / CT (circle)	Nominal Hours	Institution	Qualification

Student Declaration

EXEMPTION FORM
Version: 1.0
Implemented: January 2019
To be reviewed: January 2020
Responsibility: Academic Manager
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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 (DHA) through PRISMS and may affect my student visa.

Student Signature: _____ Date: _____

Office use only.

Application Received By	Name:	Signature:	Date:
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Assessment submission or Knowledge Test Required YES / NO
(Please circle)

The competencies of the above student have been reviewed and exemption for the requested units of competency has been: APPROVED / REJECTED

Action Taken By	Name:	Signature:	Date:
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Staff Comments:

** Note: Students are required to complete RPL application if they would like to get exemption through RPL.*

EXEMPTION SUMMARY

Title: Mr / Ms / Miss / Mrs	Student Name:
Student Number:	Phone:
Course Title:	Email:
Batch:	Date:

Unit/s of Competency	Hours	Fee Reduction
Total Fees Reduction		\$

Course Tuition Fees: \$ _____

Total Exemption Fees: \$ _____

Adjusted Fee Total: \$ _____

Staff Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____