

## EXEMPTION FORM



## PERSONAL DETAILS

<b>FULL NAME:</b>	<b>Membership No:</b>
<b>TYPE OF DIPLOMA:</b>	
<b>ADDRESS:</b>	
<b>MOBILE NUMBER:</b>	
<b>EMAIL ADDRESS:</b>	

**Certified copies of certificates must accompany this application.  
PLEASE SUPPLY TRANSCRIPTS AND SYLLABI FOR THE QUALIFICATIONS IN THE  
SUBJECTS BEING APPLIED FOR.**

SUBJECTS DONE WITH OTHER INSTITUTES	SUBJECTS TO BE EXEMPTED	OFFICE USE ONLY		
		Accepted	Declined	Deferred
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

I enclose payment of US\$10 Exemption Application Processing Fees.

**EACH SUBJECT TO BE EXEMPTED WILL ATTRACT AN EXEMPTION FEE WHICH WILL BE ADVISED.**

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

## Office Use Only

Initiated by \_\_\_\_\_ Date \_\_\_\_\_  
Academic Officer

Recommended by \_\_\_\_\_ Date \_\_\_\_\_  
HR and Programmes Development Manager

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Chairperson of Exemptions Committee.

**PAYMENT RECORD**

Paid Sum of \$ \_\_\_\_\_ in words ( \_\_\_\_\_ )

For \_\_\_\_\_ subjects exempted Date \_\_\_\_\_ Receipt Number \_\_\_\_\_

Received by \_\_\_\_\_ Signature \_\_\_\_\_