*\* Please submit one form for each course exemption request.*

*\* Please fill in every field, use ‘Nil’ or ‘NA’ where applicable. Incomplete form will not be considered.*

**Student Details**

Name :

Matric No :

Date Joined :

Programme : PhD / MA

Supervisor :

**SCI Course Details**

Course Title :

Course Code :

Core or Elective :

Course Credits :

**Course Exemption Details**

Number of Courses approved for exemption :

Number of Credit Transfers granted :

CGPA to-date (please attach academic results) :

Number of Courses requested for exemption :

|  |  |
| --- | --- |
| Details of the course you had done in your Post Graduate programme which you are using to request for exemption.  | Course Title:Course Marks or Grade obtained (please attach academic results):Course Credits:University:Date taken: |
| Course is conducted in English  | \* Yes / No |
| The course syllabus is attached | \* Yes / NoLink to course syllabus: |
| Please highlight the significant similarities between the SCI course and the course used for exemption and provide the details to the course materials.  | Link to course materials: |
| The course used for exemption must be relevant to your research | \* Yes / No |
| If my request for exemption is successful, I am aware that I will still need to fulfill all the other course requirements for the PhD/MA programme.  | \* Yes / No |

|  |
| --- |
| **Application (Course Exemption) – to be completed by Student** |
| I have read and completed the application form in full, and would like to seek the school’s approval for course exemption. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Student and Date |
| **Recommendation (Course Exemption) – to be completed by Supervisor** |
| I \*recommend / do not recommend the course exemption in view of the following reasons:If your recommendation is positive, please complete the following:* I recommend to exempt the student from the following ISTD course:

 Course Code Course Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Supervisor and Date |
| **Support (Course Exemption) – to be completed by Programme Director (Research)** |
| I \*support / do not support the application. My comments are as follows:I support the exemption of the student from the following ISTD course: Course Code Course Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Programme Director (Research) and Date |
| **Approval (Course Exemption) – to be completed by Assistant Chair (Graduate and Continuing Edcation)**  |
| I \* approve / do not approve the application. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Assistant Chair (Graduate and Continuing Education)  |

*\*Please delete accordingly*