



EXAMINATIONS

UNIT EXEMPTION APPLICATION FORM

Reference F-7-43

Issue/Rev. 1/1

UNIT EXEMPTION APPLICATION FORM

Please read before proceeding with the application

BRIEF INTRODUCTION

Students are advised to allow at least 3 – 4 weeks for processing and wait for the outcome through their Head of Department/Dean. It is the student’s responsibility to drop any course(s) for which you have been granted exemption

TERMS DEFINITIONS

- 1. Exemption: Recognition of prior completion of compulsory components of a program.
2. Block credit: Block credit is granted as a specific number of units and may be granted on the basis of studies judged to be comparable to part of the given program.

DOCUMENTATION & APPLICATION

- 1. Applications for the consideration should be submitted as soon as all relevant documentation can be provided and before the closure of semester enrollment/registration
2. Students from other institutions upon admission at Zetech University should submit this application form with all supporting documentation to your Faculty. Documentation should include:
- Course Description i.e. extended syllabus, contact hours, texts and references and assessment.
- Original or certified copy of Academic Transcript and Award

Student Details (please write in CAPITAL LETTERS)

Student Reg.No

Grid for Student Reg. No.

Last Name

First Name Telephone:

Address: Post code

Student Email:

PRIVACY STATEMENT

The information on this form is collected primarily for the assessment of your application exemption for previous studies. This information may be disclosed to the education institutions you have attended for verification in our effort to making informed decision .However, the information shall remain confidential and will not be disclosed to a third party without your consent unless required by law.

UNIT EXEMPTION [Student]			FOR OFFICIAL USE ONLY [Head of Department/Dean]	
S/N	COURSE CODE	COURSE TITLE	Approved: A Not Approved: N	
1.			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.				
3.				
4.				
5.				
6.				

Student declaration

I hereby wish to confirm that have completed all sections and provided all supporting documentation

Signature _____ Date _____

Documents received by: Faculty Dean /Head of department

a.

b.

Recommendation by HOD:

.....

Name _____ Signature _____ Date _____

Recommendation by Dean of Faculty:

.....

Name _____ Signature _____ Date _____

Recommendation by Registrar Academics:

.....



Name _____ Signature _____ Date _____

Approved by DVC Academics:

Name _____ Signature _____ Date _____

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Activity	Responsibility	Signature	
Prepared by:	Management Representative		22/06/2015
Approved by:	Vice Chancellor		22/06/2015

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