

**The College for Advanced Degrees**  
**Application for an "exemption" from a course**

Name of the Student: \_\_\_\_\_ I. D. No.: \_\_\_\_\_

Field \_\_\_\_\_

Telephone: \_\_\_\_\_

I request an "exemption" from the following courses:

Course title	Course number	Based upon previous studies in:

I declare that I have examined the content of the course(s) in the Faculty brochure. Attached please find documents attesting to previous studies (the syllabus of the requested course).

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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To be filled in by the Departmental Consultant

Approved / Rejected

\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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To be filled out by the course lecturer

Approved / Rejected

\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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Reported to the computer system:

Date: \_\_\_\_\_

By: \_\_\_\_\_

Signature: \_\_\_\_\_