



EXEMPTION APPLICATION FORM

Name: _____
 (Family Name/ Surname) (Other /Given Names)

Address: _____

Telephone: _____ E-mail _____

Date of Application: _____

Documentary evidence must be provided with this Exemption Form.

Exemption is claimed for the following units

ECU unit code	AUSI unit code	Course. Cert, Dip	Previous Institution	Approved Yes/No	Signature

<i>Office Use Only</i>	<i>Signature</i>	<i>Date</i>
<i>ECU representative</i>	_____	_____
<i>AUSI representative</i>	_____	_____
<i>Students Records Manager</i>	_____	_____