

Exemption Application

Email this form to dcoll-admissions@deakin.edu.au.

Applications for exemptions are subject to *Pathway and Credit for Prior Learning Policy* Section 6 of this policy requires an application to be submitted in a student's first trimester of study by **no later than the official trimester finish date**. Applications after this date will not be accepted. The applicant should not enrol in the unit(s) for which exemptions are applied for. Exemptions will not be granted if the applicant has enrolled in that/those unit(s).

Please complete all sections

Deakin College Student ID: _____

Mr / Ms / Mrs _____
(Family Name) (Given Names)

Mobile: _____

Email: _____

Deakin College Course: _____

I wish to apply for the exemptions in the following units:

Documentary evidence (original or certified copies of results and unit outlines) must be provided with this application. Exemptions cannot be awarded retrospectively.

*All Sections **must** be completed.*

DEAKIN COLLEGE UNIT CODE	DEAKIN COLLEGE UNIT NAME	NAME OF COLLEGE OR UNIVERSITY WHERE PREVIOUS STUDY WAS COMPLETED	UNIT NAME AND CODE OF PREVIOUS STUDY	APPROVED YES/NO <i>(Office Use Only)</i>

I declare that the information and supporting documents provided by me in this application are true and correct in every particular. My signature below authorises my previous College or University listed

above to verify the documents provided by me to Deakin College and to provide Deakin College with any information that may be necessary for the processing of my application for exemptions.

I understand that if I enrol in a unit for which an exemption is granted, that exemption will not be applied to my record.

I acknowledge that the provision of incorrect information or the withholding of information relating to my application may result in the cancellation by Deakin College of any offer or enrolment.

Student Signature: _____ Date: _____

Please return this completed form to Deakin College by:

MAIL: Deakin College At Deakin University, 221 Burwood Highway, Burwood VIC 3125 Australia
or **FAX:** + 61 3 9244 5198 or **EMAIL:** deakincollege@deakin.edu.au

Office Use Only

Transcript of Results Attached With Application	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unit outlines attached with application	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Application sent to Deakin University	Date:	_____
Student/Agent notified of outcome of application	Date:	_____
Outcome letter placed on student file or faxed to Agent	Date:	_____
Exemptions entered on MAZE	Date:	_____
Deakin College CoE(s) updated	Date:	_____
Deakin University CoE updated	Date:	_____
Adjustment of student fees: Forfeit Fee Refund	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fees Transferred to Following Semester	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:	_____	
