



## Section A: Instructions and information

Step 1: Complete sections B & C, sign and date the application form.

- Please use BLOCK LETTERS.
- Please tick ✓ the appropriate boxes.

Step 2: Return completed form and if not previously supplied, a certified copy of your academic record and syllabus details of the units you have already studied or details of work experience to the Faculty Office.

- Certified documents must be signed by an authorised person (e.g. police, chemists, doctors, accountants, justice of the peace) and must include an original signature, the name, address and title of the person signing, and an appropriate registration number. Photocopies of previously certified documents are not acceptable.

- **Policy and Procedures:** - For information about Exemption and Credit Transfer Policy please refer to the Swinburne Policy & Procedure Directory (PPD) at <http://www.ppd.swin.edu.au/>. Follow the link to Student Information Services then Credit Transfer and Exemption (Higher Education).
- **Exemption and RPL:** An exemption is based upon previous study undertaken at a university, TAFE or other equivalent institution. If you are applying based on work or life experience please refer to Recognition of Prior Learning (RPL) Policy and Procedures available via the Swinburne Policy and Procedure Directory – see above.
- **Matched, Unmatched & Block exemptions:** A Swinburne exemption may be defined as a “specified”, or “matched” exemption where students are exempted from a particular unit of study; an “unspecified” or “unmatched” exemption where students are given exemptions which are not linked to any particular units and/or a “block” exemption where an exemption is given for one or more teaching periods (eg all the units in a semester or year of the course).

## Section B: Personal Details (must be completed)

TITLE (eg Mr, Mrs, Ms) \_\_\_\_\_ FAMILY NAME (SURNAME) \_\_\_\_\_ STUDENT ID \_\_\_\_\_  
 GIVEN NAME(S) \_\_\_\_\_ SWINBURNE EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ SUBURB \_\_\_\_\_ STATE \_\_\_\_\_ POSTCODE \_\_\_\_\_  
 PROGRAM CODE \_\_\_\_\_ PROGRAM TITLE \_\_\_\_\_ CAMPUS \_\_\_\_\_

ARE YOU AN INTERNATIONAL STUDENT STUDYING ON CAMPUS IN AUSTRALIA? Yes  No

International on Campus Students Please Note: The Department of Immigration and Citizenship (DIAC) will be advised of any reduction in program duration resulting from approved exemptions

HAVE YOU PREVIOUSLY APPLIED FOR EXEMPTIONS, CREDIT TRANSFER OR RECOGNITION OF PRIOR LEARNING (RPL)? Yes  No

If YES please provide details of your application(s)

How many units did you receive exemption or RPL for? \_\_\_\_\_ Has any of the study used to gain previous exemptions been included in this application Yes  No

Faculty Office Use Only	Total No Of Units Of Study Exempted _____	Total percentage of program for which credit has been/will be granted if this application is approved _____%	International Students– indicate expected completion date* _____/_____(month/year)	Total Number of Pages (Including this one) _____
	Total EFTSL/Credit Points Exempted _____	Meeting Date _____/_____/_____	Swinburne International notified of program length variation. Date _____ Signed _____	Signature Of Administrator _____

\* The Faculty must notify Swinburne International if the exemptions result in a program duration that is less than that specified in the student’s offer letter.

**Section C: Details of Exemption(s) (must be completed) - if there is insufficient space please attach multiple copies of this page. (Grey areas are Office Use Only)**

Family Name		Given Name(s)		Student ID		Program			
Swinburne Unit (Exemption Sought)		Grounds Upon Which Exemption Is Sought (Prior Study)		Additional Information (Office Use)		Recommendation (Convenor/Exemption Advisor)			
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>
		Year	Institution Name	Prior Unit Field of Study Code*		Signed			
				Preclusions (replacement unit to be taken – details)		Name	Date		
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>
		Year	Institution Name	Prior Unit Field of Study Code*		Signed			
				Preclusions (replacement unit to be taken – details)		Name	Date		
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>
		Year	Institution Name	Prior Unit Field of Study Code*		Signed			
				Preclusions (replacement unit to be taken – details)		Name	Date		
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>
		Year	Institution Name	Prior Unit Field of Study Code*		Signed			
				Preclusions (replacement unit to be taken – details)		Name	Date		
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>
		Year	Institution Name	Prior Unit Field of Study Code*		Signed			
				Preclusions (replacement unit to be taken – details)		Name	Date		
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>
		Year	Institution Name	Prior Unit Field of Study Code*		Signed			
				Preclusions (replacement unit to be taken – details)		Name	Date		
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>
		Year	Institution Name	Prior Unit Field of Study Code*		Signed			
				Preclusions (replacement unit to be taken – details)		Name	Date		
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>
		Year	Institution Name	Prior Unit Field of Study Code*		Signed			
				Preclusions (replacement unit to be taken – details)		Name	Date		
Student Signature			Date	Date Entered on ASCOL		Entered By (Name/Signature)			

\* Only required where prior study is TAFE.