

YAKWAZULU-NAIALI									
School of									
APPLICATION FOR EXEMPTIONS with CREDIT									
 PLEASE NOTE: An Academic Record from your previous institution must be attached A fee will be charged for each exemption awarded against modules taken at other institutions 									
Surname:				First Names:					
Student No:				Telephon	Telephone No:				
E-mail Address:				Cellular ì	Cellular No:				
Qualification:Programme:				Year of study:Semester:					
Modules f	rom anoth	er School / Institution	n	Equivaler	Equivalent UKZN Modules				
Degree	Module Code	Module Name	Result	Module Code	Module Name	Credit Points	Signature: Module Coordinator		
I hereby	declare that e, foreign,	full or conditional	oned mod	ules were	legitimately obta	ined (that	is, after obtaining it towards obtaining		
Signature	of Applica	ınt:			Date:				
[For official use only]									
Recomme	endations/	comments of Progr	ramme Co	ordinator:					
Signature Date									
-									
Decision of Academic Leader: Teaching and Learning									

Cashiers

Signature: _____ Date: ____ Amount Paid R._____