

UNIVERSITY OF LIMPOPO

ADM 08

APPLICATION FOR RECOGNITION/EXEMPTION OF SUBJECTS/MODULES PASSED



1. *This form must be submitted to the Faculty Officer.*
2. *A original Academic Record must accompany this form.*
3. *Students who have obtained credit(s) at other Universities before registering at this University, must submit the syllabi of the relevant subject(s)/module(s) for which exemption/recognition is sought.*
4. *Please note the rules in the General and Faculty/School Calendar.*
5. *Postgraduate students: attach certified copies of the Registration with the Health Professions Council of SA/SA Nursing Council/SA Pharmacy Council (where applicable)*

Surname				Degree Program				Academic Year			
Full Name(s)				Study Postal Address							
Student No				Tel / Cel							
I hereby apply for exemption from subject(s)/module(s) indicated below, and attached is my academic record											
Signature				Date							
Subjects Passed			Subject(s) for exemption		Head of Department			Dean/Director			Registrar
Subjects	Institution	Year	Subject	Code	*R/ *NR/ *PR	Sign	Date	*R/ *NR/ *PR	Sign	Date	Sign
Remarks:											
*R: Recommended *NR: Not Recommended *PR: Provisionally Recommended											