

# UNIVERSITY OF LIMPOPO

## APPLICATION FOR RECOGNITION/EXEMPTION OF SUBJECTS/MODULES PASSED

**ADM 14**



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)*

<b>Surname</b>		<b>Degree Program</b>		<b>Academic Year</b>	
<b>Full Name(s)</b>		<b>Study Postal Address</b>			
<b>Student No</b>		<b>Tel / Cel</b>			

I hereby apply for exemption from subject(s)/module(s) indicated below, and attached is my academic record

<b>Signature</b>		<b>Date</b>									
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

