



**VAAL UNIVERSITY
OF TECHNOLOGY**

Inspiring thought. Shaping talent.

APPLICATION FOR EXEMPTION / RECOGNITION

Surname & Initials: _____

ID Number: _____

Student No: _____

Address: _____

Code: _____

Tel no / Cell: _____

E-mail _____

Application for exemption is made on the strength of original copies, of your final examination, results, attached. If subjects passed at a University, syllabus is required.

QUALIFICATION

COURSE NAME: _____

COURSE CODE: _____

			FOR OFFICE USE	
VUT Subject code to be credited	Name of subject to be credited	Codes / subject passed from other institution	Recommended YES or NO	Surname & Signature of the lecturer responsible for subject

NB: It is incumbent upon the subject lecturer and the relevant HoD to check that only the completed modules are exempted consistent with the submitted academic record as the exemption form will be sent to the Fraud and verification unit of the VUT for validation prior to final approval by the Registrar.

Signatures:

Student _____

Date _____

HOD

Responsible for course

Date _____

Executive Dean

Date _____

Assistant Registrar

Date _____