

DSAR04

Application form for exemption of study units

Application form	101	CACII	Puo		Jeady	, a	-						
Student number						-					-		
Initials, surname & title													
Proposed qualification (eg BCom, BTech)								Quali- code	ficatio	n			
Specialisation field (if applicable)													
Previous institution(s)								-					
_	S	tudy ι	ınit(s)	from	which	exem	ption	must k	oe con	sidere	ed		

	Study unit	t(s) from which exe	emption must be o	considered	
	Other institution's name	Other institution's study unit code	NQF level	Year passed at other institution	Unisa study unit code
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Important information

Unisa reserves the right to grant and/or decline applications for exemptions or credit transfers.

- 1 Exemption is not granted for more than half of the maximum number of study units prescribed for a qualification.
- 2 Students must be aware that in addition to school qualifications and academic records already submitted, it may be required to submit additional supporting documents such as syllabi of courses passed, official academic records, conduct certificates, etc. A SAQA evaluation may be required for foreign qualifications.
- 3 All applications for exemptions can only be dealt with after the relevant registration period. Exemptions can only be finalised if the necessary admission documentation is issued.
- 4 No exemptions will be granted toward any Unisa signature modules.

I hereby declare that I am fully aware that Unisa can amend my registration if necessary, should I not qualify for exemption from the modules requested.

I declare that all the particulars furnished by me on this form are true and correct. I undertake to comply with all the rules, regulations and decisions of the university and any amendments thereto, and I have taken note of advice that may be applicable to students in general. I, as a student registered with Unisa or an applicant intending to study with Unisa, hereby consent that Unisa may collect, use, distribute, process and communicate my personal information for all required academic processes pertaining to my application/registration to study with Unisa, which may include, but is not limited to, internal administrative processing, institutional and scholarly research, funding submissions, processing by the Matriculation Board and Admissions Committees, Higher Education South Africa, the Department of Higher Education and Training, the Council on Higher Education, the South African Qualifications Authority, other public higher education institutions and Qualification Verification Agencies. I confirm that I have read the notice and understand the contents thereof.

Date	Υ	Υ	Y	Y	М		М	D	D	Sig	nature
This form can be faxed to 012 429 4150 or posted to the university at PO Box 392, Unisa, 0003											
Please note	: Unisa	does r	ot acc	ept any	forms su	ıbmi	itted via	e-mail			