



THE UNIVERSITY OF
NOTRE DAME
AUSTRALIA

APPLICATION FOR ADVANCED STANDING EXEMPTION WITH OR WITHOUT CREDIT

Academic Year 201

STUDENT ADMINISTRATION

Please submit completed form to your School

The following documents **MUST** be attached:

- Supporting documentation e.g. official, original or certified copied transcript(s) for units previously completed. Originals may be presented to your School for sighting.
- Full description of content of units previously completed.
- Number of contact hours per week for each unit previously studied.
- Receipt of the administration fee of \$125 if this is not your first application

STUDENT DETAILS

SURNAME/FAMILY NAME	GIVEN NAMES	STUDENT IDENTIFICATION NUMBER

Are you an International Student? Yes No

If yes: Current CoE End Date _____ Course Planner provided Yes No New Expected Course End Date _____

COURSE CODE & NAME:

EXEMPTION WITH/WITHOUT CREDIT

N.B.: CORE CURRICULUM FOR THE MEDICINE DEGREE WILL BE EXEMPTION WITHOUT CREDIT.

					OFFICE USE ONLY DEAN OF SCHOOL	
PREVIOUS INSTITUTION NAME(S)	YEAR OF STUDY	CONTACT HRS PER WEEK	PREVIOUS UNIT CODE(S)	EQUIVALENT NOTRE DAME UNIT NAME AND CODE(S)	CREDIT POINTS PROPOSED	DEAN'S INITIAL

GENERAL CREDIT

				OFFICE USE ONLY DEAN OF SCHOOL	
PREVIOUS INSTITUTION NAME(S)	YEAR OF STUDY	CONTACT HRS PER WEEK	PREVIOUS UNIT CODE(S)	CREDIT POINTS PROPOSED	DEAN'S INITIAL

STUDENT DECLARATION

I hereby certify that all the information provided in this application is true and correct. I have attached the necessary documentary evidence in support of my claim.

SIGNATURE (STUDENT):	DATE:
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DEAN'S COMMENTS:

DEAN'S SIGNATURE (OR DELEGATE):	DEAN'S NAME (OR DELGATE):	DATE:
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The University of Notre Dame Australia (www.nd.edu.au)
CRICOS PROVIDER CODE: 01032F

Fremantle 32 Mouat Street (PO Box 1225) Fremantle, Western Australia 6959 Tel: + 61 8 9433 0555 Fax: +61 8 9433 0544 Email: Fremantle.Studentadmin@nd.edu.au	Broome 88 Guy Street (PO Box 2287) Broome, WA 6725 Tel: +61 8 9192 0600 Fax: +61 8 9192 0690 Email: Broome.Enquiries@nd.edu.au	Sydney 128-140 Broadway (PO Box 944) 160 Oxford Street Darlinghurst Broadway, NSW 2007 Tel: + 61 2 8204 4400 Fax: +61 2 8204 4422 Email: Sydney.Studentadmin@nd.edu.au
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CORE CURRICULUM

APPROVED:

DENIED:

COMMENTS FROM DEPUTY VICE CHANCELLOR (OR DELEGATE):

SIGNATURE DVC
(OR DELEGATE):

NAME DVC (OR
DELEGATE):

DATE:

AUTHORISATION OF CAMPUS REGISTRAR

EXEMPTION WITH/WITHOUT CREDIT:

APPROVED AS PER SCHOOL RECOMMENDATION

APPROVED AS OUTLINED BELOW

DENIED AS PER COMMENTS BELOW

GENERAL CREDIT:

APPROVED AS PER SCHOOL RECOMMENDATION

APPROVED AS OUTLINED BELOW

DENIED AS PER COMMENTS BELOW

CAMPUS REGISTRAR'S COMMENTS:

CAMPUS
REGISTRAR'S
SIGNATURE (OR
DELEGATE):

CAMPUS
REGISTRAR'S
NAME (OR
DELEGATE):

DATE:

Privacy Statement: The information provided in this form will only be used for the administrative or educational purposes of the University, or in accordance with your specific consent. The University will not disclose your personal information to a third party unless required to or permitted by law or where you have consented to the disclosure. Information relating to how the University collects, uses or discloses your personal information and how you may complain about the University's handling of your personal information is contained in the University's Privacy Policy at <http://www.nd.edu.au/copyright.shtml#Privacy>.

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