

ABN: 52 619 783 309 E: admissions@ashley.nsw.edu.au W: www.ashley.nsw.edu.au Level 2, 16-22 Wentworth Avenue Surry Hills NSW 2010 T: 02 9994 0882

Student Exemption Form

Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections.

Student ID:	Student Name:		
Phone:	Email:		
Course Name:			
Address:			

Type of Recognition (Tick all that apply)			
	Credit Transfer	Recognition of Prior Learning	
Evidence Supplied (Tick all that apply)			
	Statement of Results	Reference which can be contacted	
	Accredited Certificate	Personal Resume	
	Subject Outline including Performance Criteria	Examples of relevant work samples	
	Position Description	Other:	

List the details below of all units you are applying credit for			
Unit code and name	CT / RPL	Institution	Qualification



ABN: 52 619 783 309 E: admissions@ashley.nsw.edu.au W: www.ashley.nsw.edu.au Level 2, 16-22 Wentworth Avenue Surry Hills NSW 2010 T: 02 9994 0882

Student Declaration

All information provided by me in this form, including supporting documentation is true and correct, and I wish to apply for exemptions for the above named units of competency. I understand that where exemptions are granted that results in a shortening of my course, this information will be provided to the Department of Home Affairs (DHA) through PRISMS and may affect my student visa.

Student Signature		Date:
-------------------	--	-------

Office use only			
Challenge Exam Required Yes No			
The competencies of the above student have been reviewed and exemption for the requested units of competency has been:			
Fees / Charges:			
Action Taken By	Name:	Signature:	Date:
Comments:			