



**EXEMPTIONS REQUEST FORM**

OFFICIAL USE ONLY RECEIPT No. \_\_\_\_\_

**INSTRUCTIONS**

- Please read through the form carefully before filling it in.
- Provide information where appropriate.
- Please write in block letters and mark with an "X" where appropriate e.g. [x]

*Note: All certificates submitted will be re-verified with the Examination Council of Zambia*

**STUDENT INFORMATION**

*\*Please fill in your names as they appear on your NRC/Passport*

Surname:.....

Programme:.....

Student Number:.....

TRANSCRIPT/STATEMENT OF RESULTS ATTACHED: YES [ ] NO [ ]

**CONTACT DETAILS**

Phone Number:..... Alternative Number:.....

Email Address:.....

Postal Address:.....

OFFICIAL USE ONLY

**COURSES EXEMPTED**

- |           |           |
|-----------|-----------|
| 1. _____  | 2. _____  |
| 3. _____  | 4. _____  |
| 5. _____  | 6. _____  |
| 7. _____  | 8. _____  |
| 9. _____  | 10. _____ |
| 11. _____ | 12. _____ |
| 13. _____ | 14. _____ |
| 15. _____ | 16. _____ |

RECEIVED BY: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_

APPROVED: \_\_\_\_\_

COMMENT: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_