

SOUTHERN SCHOOL OF NATURAL THERAPIES
SUBJECT EXEMPTION APPLICATION

Today's Date: _____

Naturopathy Degree

Massage / Remedial

Trad. Chinese Medicine

Myotherapy

Student Number: _____

Surname: _____ First Name _____

Phone: (W) _____ (H) _____ (Mob) _____

Subject: _____ Course Level of Subject: _____ Semester: _____

Please Read Before Completing Form:

1. **A full credit/refund will be given in the event of a timely exemption application being granted.**
2. **Current student applications for subject exemption should be lodged by *Week 8* of the semester *prior* to commencement of that subject. If the exemption has not been approved by the enrolment period, students *must* enrol in that subject. Exemptions applications from new students will not be considered after the second week of semester.**
3. Exemptions are only given for complete subject modules. You must establish that you have successfully completed all (or a minimum of 80%) of the work for the subject under consideration. You should attach a copy of the syllabus of the course completed, together with subject contact hours and official proof of the successful completion of this work. **Massage students please note:** a copy of the number of hours completed in the "hands on" massage subjects, as well as results obtained, should be included.
4. The onus is on the student to provide sufficient evidence that he/she has covered most of the material in the subject in which the exemption is being sought. An exemption decision can only be based on the information provided, so to avoid an inaccurate assessment, the student should attach the fullest possible account of work previously covered.
5. **Administration cannot search out documentation which a student has previously provided for another purpose** - this material should be re-submitted.

FOR HOD'S & OFFICE USE ONLY

Lecturer's Name: _____ (please print)

HOD's Recommendation:

Full Exemption

No Exemption

(please tick appropriate box)

Conditional Exemption Granted (AX)

(state mandatory conditions)

Refresher Suggested (AR)

Comments: _____

Signature of HOD/Lecturer: _____ Date: _____

Notified Student by: Mail / Phone

Entered on computer by: _____ Date: _____ (please print name)