

This form is for the students who wish to apply for exemptions from ACBT programmes.

A. Student Details

01. Student Name (Mr./Miss./Mrs):	
02. ACBT Application No. & ID:	
03. Registered Programme:	
04. Counselor's Name:	

B. Provide the details of the qualification you hold which you wish to use as evidence for exemption

Title of the qualification	Date Awarded	Awarding Institute/Organisation

C. Which units do you wish to apply for exemption from?

D. Student Declaration

I certify that I am the person named on this form, all the information is accurate and that I wish to apply for exemption from one or more ACBT units.

Date:.....

Signature:.....

E. Approval

Approved Units	
Remarks	
Approved by: (Principal/ Associate Dean)	Date:..... Signature:.....