

APPLICATION FOR EXEMPTION OF PRE-REQUISITE COURSE

| SECTION A: TO BE COMPLETED BY THE CANDIDATE | |
|--|--|
| Name: | Matric No.: |
| Programme: | Address: |
| Tel. No.: | |
| E-Mail: | |
| Pre-requisite course to be exempted:* | |
| () SZRZ6014 Research Methodology (|) SCLE6014 Academic Writing |
| (Please provide the evidence to support the application) | |
| Method of Collection Approval Letter:* | |
| () Post () E-mail | () Collect at the office |
| Signature: | Date: |
| SECTION B: TO BE COMPLETED BY THE SUPERVISOR* | |
| () Recommended () Not Recommended | |
| Comment: | |
| Signature and Stamp: | Date |
| | |
| | |
| SECTION C : FOR OFFICE (GSGSG) USE ONLY* | |
| SECTION C : FOR OFFICE (GSGSG) USE ONLY* Approval:* JIL Bil / Date: | |
| | |
| Approval:* JIL Bil / Date: |) SCLE6014 Academic Writing |
| Approval:* JIL Bil / Date: Exemption for the courses/s: |) SCLE6014 Academic Writing Signature & Stamp: |