

**Employee Details:**

<b>First Name</b>	<b>Family Name</b>	<b>Staff Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Exemption Application Form – EEL522**

Case for equivalence

*Provide rationale and attach supporting documents for exemption (Transcripts, Certificates and Subject Outline from previous University, showing alignment with request for exemption)*

**Signed**

Applicant - Name	Signature	Date
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**Signed**

Head of School - Name	Signature	Date
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**Signed**

Executive Dean - Name	Signature	Date
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Email to Division of Learning and Teaching – [GCLTHE@csu.edu.au](mailto:GCLTHE@csu.edu.au)

**Approved      YES / NO**

Sub Dean (Academic Development) - Name	Signature	Date
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Email to relevant HOS & Human Resources – [dpc@csu.edu.au](mailto:dpc@csu.edu.au)