



**Application for exemption of passed modules**

Student number					-					-	
Title, initials & surname											
Type of Diploma											
Contact details											
Email address											

**Certified copies of certificates must accompany this application.  
PLEASE SUPPLY TRANSCRIPTS AND SYLLABI FOR THE QUALIFICATIONS IN THE  
SUBJECTS BEING APPLIED FOR.**

1.	QUALIFICATION	PASS MARK	SYMBO
2.			
3.			
4.			
5.			

**Please supply the modules to be exempted**

	Modules	Accepted	Denied	Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

**Important information:**

**NB\*\*\*: EACH SUBJECT EXEMPTED WILL ATTRACT AN EXEMPTION FEE WHICH WILL BE ADVISED**

1. ISPPME reserves the right to grant and / or decline any application for exemptions.
2. Prior to completing and submitting the Module exemption form, ensure that you have selected the correct modules
3. In addition to school qualifications and academic records already submitted, you may be required to submit additional supporting documents, such as curriculums of courses passed, official academic records, conduct certificates, and so on.
4. All applications for exemptions will only be dealt with after the relevant registration period. Exemptions will only be finalised if the necessary admission documentation is issued.

I hereby declare that I am fully aware that ISPPME may amend my registration is necessary, should I not qualify for exemption from the modules requested.

**Declaration:** I declare that all the particulars equipped by me on this form are true and correct. I undertake to comply with all the rules, regulations and decisions of the Institute and any amendments thereto, and I have taken note of advice that may be applicable to students in general. I, as a student registered with the Institute of sustainable project planning, monitoring and Evaluation or an applicant intending to study with ISPPME, hereby consent that Institute may collect, use, distribute, process and communicate my personal information for all required academic purposes pertaining to my application. I confirm that I have read the notice and understand the contents thereof.

<b>Signature</b>		Y	Y	Y	Y	M	M	D	D
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This form should be submitted via e-mail to [info@isppme.com](mailto:info@isppme.com)  
Please include the subject on the email of the purpose of application.

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**Office Use Only**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Chairperson of Exemptions Committee.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Principal