



Southern School of Natural Therapies

Australia's Premier School of Complementary Medicine

SUBJECT EXEMPTION APPLICATION

TODAY'S DATE: _____

STUDENT No.:

STUDENT NAME: _____

HOME ADDRESS: _____

DIRECT CONTACT ①: _____

CURRENT EMAIL: _____

SUBJECT NAME: _____

SUBJECT CODE: _____

COURSE LEVEL: _____ SEMESTER: _____

COURSE:
Naturopathy <input type="checkbox"/>
Chinese Medicine <input type="checkbox"/>
Clinical Myotherapy <input type="checkbox"/>
Massage <input type="checkbox"/>
TCM Massage <input type="checkbox"/>

PLEASE READ BEFORE COMPLETING FORM:

1. Exemption approval must be received prior to the enrolment period for the semester in which that subject would normally be undertaken. If the application has not been approved before end of enrolment period, the student must enrol in that subject. A full credit/refund will be issued if the exemption is granted prior to the census date. New students must lodge their applications within two weeks of the start of semester. Any exemption submitted after week two will not be considered for any subject relevant to that semester.
2. Exemptions are only given for complete subject modules. You must establish that you have successfully completed all (or a minimum 80%) of the work for the subject under consideration. You will need to 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 practical subjects, as well as results obtained, should be included.
3. 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.
4. Administration cannot search out documentation which a student has previously provided for another purpose - this material should be re-submitted.

FOR HOD'S/LECTURER'S/OFFICE USE ONLY

Lecturer's Name: _____ (please print)

HEAD OF DEPARTMENT'S RECOMMENDATION:

- Full Exemption
 Full Exemption - Refresher Suggested **(AR)**
 No Exemption
 Conditional Exemption Granted **(AX)** (state conditions)

Comments: _____

Signature of HOD/Lecturer: _____ Date: _____

Entered on computer by: _____ Date: _____

Notified Student (please tick when completed)