



Application for Advanced Standing (Exemptions)

Return this form in person to:

Student Central or
Return via post to:
Student Central, Swinburne University of Technology
Sarawak Campus, Jalan Simpang Tiga
93350 Kuching Sarawak, MALAYSIA
Facsimile: +06 82 260819



Section A: Instructions and information

Step 1: Complete sections B & C, sign and date the application form.

- Please use BLOCK LETTERS.
- Please tick ✓ the appropriate boxes.

Step 2: Return Completed Form, together with a certified copy of your academic record and syllabus details of the units you have already studied or details of work experience to Student Central.

- Certified documents must be signed by an authorized person (e.g. police, chemists, doctors, accountants, justice of the peace) and must include an original signature, the name, address and title of the person signing, and an appropriate registration number. Photocopies of previously certified documents are not acceptable.

- **Policies and Regulations:** - For information about Advanced Standing please refer to <http://www.swinburne.edu.au/student-administration/enrolment/advanced-standing/>
- **Advanced Standing:** It is based upon previous study undertaken at a university or other equivalent institution.
- **Matched, Unmatched & Block advanced standing:** A Swinburne advanced standing may be defined as a “specified”, or “matched” advanced standing where students are exempted from a particular unit of study; an “unspecified” or “unmatched” advance standing where students are given exemptions which are not linked to any particular units and/or a “block” exemption where an exemption is given for one or more teaching periods (eg all the units in a semester or year of the course).
- **Privacy Statement:** Swinburne University of Technology, Sarawak Campus collects, uses and destroys personal data in accordance with our Privacy Collection Notice at <http://www.swinburne.edu.my/privacy/>

Section B: Personal Details (must be completed) ** Optiona

TITLE (eg Mr, Mrs, Ms) _____ FAMILY NAME (SURNAME) _____ STUDENT ID _____

GIVEN NAME(S) _____ **SWINBURNE EMAIL _____ PHONE _____

**ADDRESS _____ **STATE _____ **COUNTRY _____ **POSTCODE _____

PROGRAM CODE _____ PROGRAM TITLE _____ **CAMPUS _____

ARE YOU AN INTERNATIONAL STUDENT STUDYING ON CAMPUS IN MALAYSIA? Yes No

International on Campus Students Please Note: The Department of Immigration will be advised of any reduction in program duration resulting from approved exemptions

HAVE YOU PREVIOUSLY APPLIED FOR ADVANCED STANDING, CREDIT TRANSFER OR RECOGNITION OF PRIOR LEARNING? Yes No

If YES please provide details of your application(s)

How many units did you receive Advanced Standing or RPL for? _____ Has any of the study used to gain previous Advanced Standing been included in this application? Yes No

Faculty Office Use Only	Total No Of Units Of Study Exempted	Total percentage of program for which credit has been/will be granted if this application is approved %	International Students – indicate expected completion date* _____/_____(month/year)	Total Number of Pages (Including this one)
	Total EFTSL / Credit Points Exempted	Meeting Date _____/_____/_____	Swinburne International notified of program length variation. Date _____ Signed _____	Signature Of Administrator

* The Faculty must notify Student Recruitment if the exemptions result in a program duration that is less than that specified in the student’s offer letter.

Section C: Details of Advanced Standing (must be completed) - if there is insufficient space please attach multiple copies of this page. (Grey areas are Office Use Only)

Family Name		Given Name(s)		Student ID		Program			
Swinburne Unit (Exemption Sought)		Grounds Upon Which Exemption Is Sought (Prior Study)		Additional Information (Office Use)		Recommendation (Coordinator)			
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended	<input type="checkbox"/>	Not Recommended	
		Year	Institution Name	Prior Unit Field of Study Code*		Signed			
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended		Not Recommended	
		Year	Institution Name	Prior Unit Field of Study Code*		Signed			
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended		Not Recommended	
		Year	Institution Name	Prior Unit Field of Study Code*		Signed			
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended		Not Recommended	
		Year	Institution Name	Prior Unit Field of Study Code*		Signed			
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended		Not Recommended	
		Year	Institution Name	Prior Unit Field of Study Code*		Signed			
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended		Not Recommended	
		Year	Institution Name	Prior Unit Field of Study Code*		Signed			
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended		Not Recommended	
		Year	Institution Name	Prior Unit Field of Study Code*		Signed			
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended		Not Recommended	
		Year	Institution Name	Prior Unit Field of Study Code*		Signed			
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended		Not Recommended	
		Year	Institution Name	Prior Unit Field of Study Code*		Signed			
Unit Code	Unit of study title	Code	Unit of study title	Level*	Type of Provider*	Recommended		Not Recommended	
		Year	Institution Name	Prior Unit Field of Study Code*		Signed			
Student Signature			Date	Date Entered on EV		Entered By (Name/Signature)			

* Only required where prior study is FND.