



APPLICATION FOR EXEMPTION(S)

INSTRUCTIONS:

1. Exemption(s) may be granted for certain modules to participants who have taken comparable subjects in other courses. Please complete this form in full for application for exemption(s).
2. All application for exemption(s) must be submitted with certified true copies of the certificate you have been awarded and an official transcript issued by the Institute from which you have acquired the qualification. The syllabus(es) of the subject(s) must be attached.
3. Application for exemption must be made before the commencement of the module(s).
4. The maximum number of exempted modules permitted is not more than two.
5. No refund of module fee will be made for exempted modules.
6. All correspondence should be directed to the Academy's address above.

Your application will be considered if you meet with the following conditions:

- The previous related course completed should not be more than 3 years from the commencement of the current course.
- The contact hours must be equivalent or more than the course/subjects for which exemption is sought.
- The coverage of syllabus must be at least 80% of the course/subjects for which the exemption is sought.
- For applicants who are PSB Academy graduates, a minimum of grade "C" must be obtained for the previous related course completed. For other related qualifications, an average of grade "B", dependant on the course level taken.

PSB Academy reserves the right not to grant any exemptions without assigning reasons.

SECTION A: STUDENT'S PARTICULARS			
Title of Course		Batch	
Name of Participant		NRIC No.	
Correspondence Address			Postal Code
Home Tel No.	Office Tel No.	HP/Pager No. (if any)	E-mail Address

SECTION B: EXEMPTION APPLICATION INFORMATION		
Course Attended [Please attached certified copies of your certificate(s), transcript and the course syllabus(es)]		
Name of Course Attended	Grade Obtained	Date Completed
a.		
b.		
Module(s) Requested for Exemption(s)	Commencement Date	
a.		
b.		
I hereby declare that the information given is true to the best of my knowledge and I have not willingly suppressed any information.		
_____ Signature of Participant	_____ Date	

SECTION C: FOR OFFICIAL USE	
Remarks: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
_____ Approving Officer's Name & Signature	_____ Date

NB: All information provided are treated with strictest confidentiality and are meant for internal use only.