THE ZAMBIA CATHOLIC UNIVERSITY

P.O BOX 260410; +260 212 730209; FAX +260 212 730841

KALULUSHI, ZAMBIA

E-mail: registrar@zcuniversity.edu.zm

Application for Course Exemption form

- *Exemption will be based on prior certified Qualification(s), and transfers from other universities*
- *The applicant must have duly completed the registration process of The Zambia Catholic University to be eligible for an exemption from one or more courses.*
- *This form should be returned to the Registrar, before the first Monday of week 2 of the semester of the first year.*
- *Relevant photocopies of certificates and detailed results transcript should be attached.*
- *While waiting to hear the results of this application, students should continue to attend classes*
- *Please note that decisions will be made on the basis of the material provided. Incomplete applications are unlikely to result in granting of exemptions.*
- *Students are advised to read Exemption Policy document of The Zambia Catholic University prior to submitting an application for exemptions.*
- *The Registrar will communicate to the applicant Senates decision within 14 working days.*
- *Exemptions attract a fee of K500.00 per course exempted.*

SECTION A

Student Identification No. _____

Surname:_____ First Name:_____ Initials: _____

Programme of Study.....

SECTION B (if diploma qualification complete table below)

Name of Institution qualification obtained	
Program Name	
Year completed	
Duration	

SECTION C (other qualification(s), complete table below)

Courses for which exemptions are sought:

Name of Institution	Program Name	Name of equivalent course taken previously	Grade obtained	Year completed	ZCU Course Code and Name

Please state reason(s) for making the application *{attach photocopy of prior certified qualifications).*

(add extra pages if necessary)

Signed by student: _____ Date: _____

SECTION D

FOR OFFICIAL USE ONLY

I have reviewed this application and all supporting documentation, and I recommend the following:

Head of Department: _____ Date: _____
Recommended/ Not Recommended

_____ _____

Dean of Faculty **Date:**

Approved/ not Approved

_____ _____

Registrar **Date:**

STAMP