



APPLICATION FOR REQUISITE WAIVER

Information for Students

1. Please use this form to apply for enrolment in a unit of study without prior completion of, or alongside, requisite unit(s) of study.
2. The grounds for approving a requisite waiver are:
 - a. The likelihood of the student's ability to successfully undertake and complete the proposed unit of study based on the student's academic performance; and/or
 - b. The student's ability to demonstrate genuine hardship or inconvenience if approval is not granted.
3. In your application, you should provide appropriate documentation which supports the above grounds.
4. Please submit this form to the Administration Office in-person or via email to administration@sitcm.edu.au.

Office Use Only

Name:

Signature:

Date received:

Attach a copy of the student's academic transcript.

Student to Complete

Name:

Student ID:

Email:

Phone:

Please indicate the unit(s) of study you are seeking to enrol in.

Unit Code	Unit Name	Study Period	Prerequisite

Grounds for Waiver

Please set out the reasons for requesting a waiver and any factors which you believe will allow you to be successful in studying this unit of study. Ensure that you attach **supporting documentation**, e.g. evidence that you have previously completed a unit of study with similar contents to a requisite.

I have attached supporting documentation to this form.

Student Declaration

In making this application I declare that:

- I understand that by requesting a requisite waiver, I accept full responsibility for my enrolment, and SITCM will not be responsible for providing me with additional assistance/support as the request is against standard course progression requirements.
- I understand that if approval is granted, I am still required to complete the prerequisite in the next available study period.

Name:

Signature:

Date:

Dean to Complete

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1. The likelihood of the student's ability to successfully undertake and complete the proposed unit of study based on the student's academic performance; and/or
2. The student's ability to demonstrate genuine hardship or inconvenience if approval is not granted.

Approved

Not Approved

Please state the reason for why a waiver is not granted.

Name:

Signature:

Date: