



Application for Exemption

Please print in BLOCK LETTERS
(Put a tick in the appropriate boxes)

OFFICE USE ONLY

App No.

Effective JAN 2010

FILLING UP THIS FORM DOES NOT GUARANTEE AUTOMATIC EXEMPTION.

1) ITI RESERVES THE RIGHT TO GRANT OR NOT GRANT EXEMPTION 2) ITI'S DECISION WILL BE FINAL AND THERE IS NO APPEAL

1. Personal Details

Title: Mr Mrs Miss Other _____ Given Name: _____

Surname: _____ Student No.#: _____

2. Program/Course selection

Please complete the relevant section for each program/subject you wish to undertake and the subjects to be exempted.

Preferred Mode of Study: On-Campus Distance Education
Location: Port Moresby Lae

Semester Intake: January June October (Special Fast Track Semester)

Year of Intake: 200

Program /Course You are Applying for: _____

Subjects/Units to be exempted:

- | | | |
|---|--|--|
| <input type="checkbox"/> Accounting 1 | <input type="checkbox"/> Business Communication | <input type="checkbox"/> Business Administration |
| <input type="checkbox"/> Numeracy | <input type="checkbox"/> Microsoft Office Training | <input type="checkbox"/> Introduction to Computing |
| <input type="checkbox"/> Introduction to Programming | <input type="checkbox"/> Database Development | <input type="checkbox"/> Salesmanship |
| <input type="checkbox"/> If not included above, please indicate here; _____ | | |

State the name of the university, institution or college where the indicated units/subjects were studied: _____

*** To ensure your application is processed without delay, attach certified copies of academic certificates and transcript signed by a lawyer, commissioner of oath, district court house, ITI administration/ ITI local representative. PLEASE PROVIDE ORIGINAL CERTIFICATES & TRANSCRIPTS FOR SIGHTING BY THE ADMINISTRATION. Failure to comply with the following may result in delaying the processing of your application. DO NOT SEND OR POST YOUR ORIGINAL DOCUMENTS.**

*** This Form must be filled before course commencement (Refer to Student Guide Book for more information)**

Applicant's Signature: _____ Date:(dd/mm/yy) _____

ADMINISTRATION USE ONLY

Ensure that the applicant has successfully completed the application requirements . Please, CROSS CHECK THE ORIGINALS

ITI Admin, Application checklist

Authorized Signature: _____ Date: _____/_____/_____

No.# Of Units Approved for Exemption: _____

Sighted or Authorized by:
(Write full name & sign/
Put official stamp here)

Layout by waks_131108