**Te Kaupeka Oranga | Faculty of Health**

Application for partial exemption from assessment in a course

This is an application to carry forward successfully completed assessment work from a course where a student did not pass the full course.

Complete section one with your details and the reason for your application.

* Partial exemption is at the discretion of the Course Coordinator.
* Assessments will not be approved for carry forward unless the material assessed, the method of assessment and the weighting of the assessment have not changed

**Section A**: **Student to complete**

|  |  |
| --- | --- |
| Date |       |
| Full Name |       |
| Student Number  |       |
| Email Address |       |
| Degree |       |
| Course Code and Title |       |
| Assessment(s) requested |       |
| Course Coordinator |  |
| Supporting evidence of previous assessment and grade attached | [ ]  YES [ ]  NO |

**Students: Please forward this form to the course coordinator of the course you are seeking exemptions in to complete the rest of this form.**

**Section B: Course Coordinator to complete**

|  |  |
| --- | --- |
| Course Coordinator Name |       |
| Approval | [ ]  Approved [ ]  Declined | Date |       |
| Assignment(s) |       | Grade(s) |       |
| Assignment weighting as part of overall course |       | Date |       |
| Comments |       |
| **Course Coordinator: Please forward this form to the Associate Dean Academic.** **Section C**: **Associate Dean Academic (or delegate) to complete** |
| Regulations: | **11. Repeating Courses** (b) A student may seek an exemption for tuition in lectures, tutorials, laboratory, practical, field, or any other work for repeated courses. This is granted at the discretion of the relevant Amo | Dean and with the agreement of the department or school and the student concerned. Exemption applications must be made before the final date to change enrolment. (c) If the exemption in (b) is granted, the student must nevertheless enrol and pay the full tuition fee for the course |
| Calendar Pages: | 2025 Calendar, page 26 |
| Associate Dean Academic |  | Date |       |
| Comments: |       |
| Approval | [ ]  Approved [ ]  Declined |
| **SMS NOTE: - Deans Resolution**The application by       to allow       to be credited towards the       has been approved/ declined, Associate Dean Academic, (insert name here), DATE:      **Additional notes:**       |

**Once the form has been completed, please email to:** **SHSSadmin@canterbury.ac.nz** **for administration action.**