

COURSE EXEMPTION FORM

- 1. Students can apply for course exemption with conditions as follow:
 - (a) The course is from the program that is equivalent to the current program.
 - (b) The course must be from the study program that has been accredited.
 - (c) The content of the course must be equivalent to more than 80% of the course conducted by the IPS.
 - (d) The combined amount of the Credit Exemption is not more than 30% of the total courses offered by the IPS.
- 2. The course exemption is not applicable for all HL courses. Students must attend these courses at his/her respective faculty.
- 3. Student is required to attach a copy of the course curriculum structure and the result transcript (if any) or proof of attendance.

SECTION 1 (To be completed by Student)

1. Student's particular									
Studen	t Name :								
Student ID :		IC/P				IC/Passport	No. :		
Programme :									
Faculty	:								
2. Details of Credit Exemption									
Course		Credit	Grade	University	University and Level of Study		UMP Equivalent Course	Credit	
Student's Signature : Date:									
SECTION II (To be completed by Head of Programme / Coordinator)									
Approved					Disapproved				
Comment from Head of Programme / Coordinator:									
Date:									
Head of Programme / Coordinator's Signature and Stamp:									
SECTION III (To be completed by Dean)									
		impreted by Dean				D: 1			
Approved Comment from Dean:						Disapproved			
Date:									
Dean's Signature and Stamp:									

SECTION IV (To be completed by IPS)

Within rules	Further actions to be taken:						
& procedures	MPSU & Senate Matters	Administration Matters					
Yes	MPSU to be informed Completed Date: MPSU approval Yes No Date:	Verification by Dean of IPS Date: Change status in the system Date:					
	Senate to be informed Completed Date:	Letter to Faculty Date:					
		IPS Staff's Name:					
	MPSU to be informed Completed Date:	Verification by Dean of IPS Date:					
☐ No	MPSU approval Yes No Date:	Change status in the system Date:					
	Senate to be informed Completed Date:	Letter to Faculty Date:					
		IPS Staff's Name:					
Reasons:							
Verification	Bring to MPSU for information						
by Dean of IPS							
	Bring to MPSU for approval (Signature & Stamp)						
Hereby, I verify that this student matter has been solved.							
Date:							
IPS Staff's Signature and Stamp:							