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|  | A logo with text on it  Description automatically generated |

**Form No. GSF5**

(Version 3, September 2024)

**Credit Waiver and Course Variation Form**

Principles: Students are encouraged to avail of the flexibility of the structured research programmes rather than seeking credit waivers and course variations. In exceptional cases, credit waivers/exemptions or course variations may however be granted where the student has prior certified or experiential learning which mirrors modules identified in the specific programmes. Where the student agrees with their supervisor that a credit waiver/exemption or course variation is appropriate in their circumstances, an application should be made to the Departmental Research Student Progress Committee (DRSPC). If the request is approved by the DRSPC, the application should be forwarded to the Director of Graduate Research for ratification.

# **Student Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: |  | First Name: |  |
| Student No: |  | Full-time/Part-time |  |
| Department: |  | Email: |  |
| Year admitted: |  | Expected date of completion: |  |
| Application for Credit Waiver/Exemption (Y/N) |  | Application for Course Variation (Y/N) |  |

# **Credit Waiver/Exemption**s (To be completed by the student)

*Transcripts of the results, course details and contents and assessment procedures should accompany this form*

|  |  |
| --- | --- |
| Name of module for credit waiver/exemption:  |  |
| Credits:  |  |
| Name of module completed previously: |  |
| Institution where module completed: |  |
| Module code: |  |
| Credits:  |  |
| Module learning outcomes: |  |
| Assessment: |  |

# Course Variation

In exceptional cases, a course variation may be requested where the student’s prior certified or experiential learning is such that they would not benefit from taking the compulsory 15 credits in generic/professional/subject specialist modules or the compulsory 15 credits subject specific or advanced specialist skills modules that are available to them.

**Please outline the prior certified or experiential learning**

|  |  |
| --- | --- |
| Course variations requested: | E.g.: change from minimum 15 credits in transferable skills to 10 credits in transferable skills |
| Indicate if it is for prior certified or experiential learning: |  |
| **If prior certified learning:**Name of module completed previously: |  |
| Module code: |  |
| Credits:  |  |
| Module learning outcomes: |  |
| **If experiential learning:** (In approximately 500 words, please describe your learning gained in experience and how it relates to each of the learning outcomes for the module(s). Attach documents of evidence where appropriate to support your claim). |

# Signature of Student

|  |  |
| --- | --- |
| Name: |  |
| Signature: |  |
| Date: |  |

# Approval

On behalf of the DRSPC, I as Chair of the DRSPC approve the above request:

|  |  |  |
| --- | --- | --- |
| Name: |  | Comment: |
| Signature: |  |
| Date: |  |

|  |
| --- |
| **Once complete, this form and all academic transcripts must be uploaded** [**here**](https://forms.office.com/Pages/ResponsePage.aspx?id=zPVUFDW7hUa72YYh_YBVyZdFKCpc4BpMunuNqmGwjXZUMUEwMktZTVFIOEtMMDhWNFYwU1NUWlBPTyQlQCN0PWcu) |

# Ratified by Director of Graduate Research or Registrar

|  |  |  |
| --- | --- | --- |
| Name: |  | Comment: |
| Signature: |  |
| Date: |  |

|  |
| --- |
| **For Office Use Only: Graduate Research Academy** |

Send email ratifying the request to the Student/Supervisor/Head

|  |  |  |
| --- | --- | --- |
| Student: | Supervisor: | Head of Dept: |
|  |  |  |

Send copy to the Records Office

|  |  |
| --- | --- |
| Date: | Name of GRA Staff Member  |
|  |  |

  **Use Only – Graduate Studies**

**For Office Use Only: Registry .**

|  |  |  |  |
| --- | --- | --- | --- |
| Application Created on ITS |  | Signed: | Date: |
| Certs Seen Updated |  | Signed: | Date: |
| Transcripts noted in ITS |  | Signed: | Date: |