

10. **Particulars of results of examination on which exemptions are claimed.** (Please annex a schedule prepared in this format if space is insufficient).

Name/s of Examinations completed			
Year and month of completion			
Subject/s	Grade	Subject/s	Grade

Please attach certified copy/copies of the certificate/s of the examination results on which you wish to claim exemption should be attached. Prior approval should be obtained before claiming exemption on any other qualification not indicated in the Student's Guide

11. Declaration

I do hereby certify that the particulars furnished by me in this application are true and correct.

Date

Signature

SECTION B

FOR ICSS OFFICE USE ONLY

Date Received Certificate examined by : Date :

Eligibility of Registration : - *Yes /No.

Checked by : Registration Approved / Not approved

Date Signature of Officer

SECTION C

APPROVAL / RECOMMENDATION / COMMENT OF THE STUDENT AFFAIRS COMMITTEE OF THE ICSS SL

* We **approve** exemption/s of the subject/s (marked "A" in Section A/table 9) and submit for the concurrence/ratification of the Board of Management.

* We **do not approve** exemption/s of the subject/s (marked "D" in Section A/table 9) and submit for the information/concurrence of the Board of Management.

* We **exceptionally recommend** exemption of the subject/s (marked "E" in Section A/table 9) due to the **following reason/s** and submit same for the approval of the Board of Management.

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Signatures (SAC Members)

Name :

Date:

*Please delete inapplicable words/statements.

Issued Exemption letter dated : (Hony. Secretary)