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| Maynooth-University-Logo_CMYK_AW | **Ollscoil Mhá Nuad**  **Maynooth University** |

**Form No. GSF13**

(Version 6, 09 Feb 2022)

**Exemption request**

## The University may decide, at its discretion, to exempt a student from a module or modules, on the basis of prior accredited study in Maynooth University or in another institution.

The exemptions provided in recognition of prior learning should not exceed 35% of the programme by credit weight. This restriction may be waived where students are transferring from equivalent programmes at the same level in Maynooth University or other institutions.

Exemptions should normally be processed by the end of October in any academic year.

Where exemptions are granted the modules taken elsewhere are included in the credit total. However the mark awarded elsewhere is not normally included in the calculation of award results, as institutions may have different marking norms.

**Student details**

|  |  |
| --- | --- |
| Surname |  |
| First name(s) |  |
| Student number  (substitute PAC number if applicable) |  |
| Programme and year of study  *(e.g. MA Year 1)* |  |

**Proposed exemptions**

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| --- | --- |
| Modules to be exempted | **Justification**: Courses taken elsewhere which are considered to be of equivalent content and level. |
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**Comments**

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## Recommendation of Head of Department

The Head of Department should review the proposed exemptions, and if satisfied that they are merited, should complete this panel:

|  |  |
| --- | --- |
| Name of HoD |  |
| Signature |  |
| Date |  |
| Comment |  |

**After Head of Department recommendation completed, please forward form to** [**rpl@mu.ie**](mailto:rpl@mu.ie)

## Approval from Registrar or Dean of Graduate Studies

|  |  |
| --- | --- |
| Signature |  |
| Date |  |
| Comment |  |

After approval, forward to [records.office@mu.ie](mailto:records.office@mu.ie) and copy Head of Department.

## RPL Office use only – Tracking of progress

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| --- | --- | --- |
| Department informed | Date | Staff signature |
| Student informed | Date | Staff signature |
| Copy of form emailed to Fess Office | Date | Staff signature |
| Exemptions applied in ITS | Date | Staff signature |