

UNIVERSITY OF NAIROBI

GRADUATE SCHOOL

APPLICATION FORM FOR EXEMPTIONS

GS EX. 1

IMPORTANT INFORMATION TO BE READ AND UNDERSTOOD **BEFORE COMPLETING THE FORM**

- i. Exemption is waiving of a particular subject/course unit(s) on the basis of equivalent qualification(s) achieved from an academic institution recognized by Senate.
- ii. Application form to be completed by students seeking exemption in graduate programmes at the University of Nairobi.
- iii. The form should be completed in full and must be supported by official transcripts. The University reserves the right to request for detailed course outlines for some courses taken at other institutions.
- iv. Applicants must pay a non-refundable exemption fee of 30% of the unit cost.
- v. Exemptions shall not be allowed in any clinical course, research project, thesis and practicum.
- vi. The proportion of courses where exemption is granted shall not exceed one third of the total number of courses in any of the programmes in the Faculty/School/Institute/Centre.
- vii. The Department must be satisfied that the course/unit in which exemption is sought has been adequately covered in scope and depth in the same or similar courses in other programmes i.e. Masters units can only be exempted if applicants have undertaken the same or similar courses/units at another Masters programme.
- viii. The student may be required to sit an exemption examination set and administered by the respective Department on behalf of the Faculty/School/Institute/Centre Board and the University Senate.

PART I: DETAILS OF APPLICANT

- 1. Name _____
- 2. Reg. No. _____
- 3. Graduate programme _____
- 4. Department _____
- 5. Faculty/School/Institute/Centre _____
- 6. College _____
- 7. Current Year of Study _____
- 8. Contact Address _____
- 9. Telephone/Mobile No. _____
- 10. Email address _____

PART II: REQUEST FOR EXEMPTIONS

- 1. Units for which exemption is sought:

- 2. Units covered in an academic institution recognized by Senate

Institution	Course Unit	Grade

3. Supporting documents attached:

- i. Transcripts Yes/No
- ii. Course description Yes/No
- iii. Other documents (Specify)

PART III: DECLARATION BY APPLICANT

1. I understand that I may be required to sit an exemption examination set and administered by the respective Department on behalf of the Faculty/School/Institute/Centre Board and the University Senate.
2. I understand that the Department must be satisfied that the course unit(s) in which I seek exemption has been adequately covered in scope and depth in the same or similar courses in another programme.
3. I understand that giving false information will lead to appropriate disciplinary action.

I certify that the information in this form is correct.

Applicant's signature _____ Date _____

FOR OFFICIAL USE ONLY

PART IV: DEPARTMENT'S RECOMNIENDATION

Comments by Chairman of Department where exemption is sought:

I recommend/do not recommend exemption in the following units:

Reasons:

Name _____ Department _____

Signature _____ Date _____

PART V: FACULTY/SCHOOL/INSTITUTE/CENTRES' RECOMMENDATION

1. Exemption is Recommended/Not Recommended

2. Reasons:

Name _____

Signature _____ Date _____

PART VI: GRADUATE SCHOOL

1. Application considered and Approved/Not Approved:

Signature _____ Date _____

Director, GS