AIB Exemption Form

Select the AIB course you are applying for:

- ☐ Graduate Certificate in Research Management (GCRM)
- ☐ Master of Management (MMgt)
- ☐ Doctor of Business Administration (DBA)
- ☐ Doctor of Philosophy (PhD)

Name & Contact Information

Title: ○ Mr ○ Mrs ○ Miss ○ Ms ○ Other:

Family/Surname:

First Name:

Important Information:

- Please complete the table below, outlining subjects you have completed at other institutions and link then to the subjects you seek exemption for.
- You must include in this form all the subjects you wish to be exempted from undertaking. AIB will only consider exemptions for subjects listed in this form (not any other subjects).
- Exemptions will not be granted for subjects completed 10 or more years ago.
- Exemptions granted for any particular subject is only valid as long as the subject has been completed within 8 years of your AIB MBA course commencement date.
- Please refer to AIB's *Articulation, Credit Transfer and Recognition of Prior Learning* Policy *and* Procedure*.*
- Sign the second page of this document (certification and consent).

For non-AIB graduates, you must submit the following with your application:

- Copies of: Academic Transcript and Parchment (if available).
- Program/Course outline that detail: Program/course structure, list of subjects, total hours of study, entry requirement, credit points per subject.
- Subject outline that details: Subject topics and textbook/reading list

Course(s) undertaken at other institutions						**AIB equivalent course(s) that you seek exemption for:**	
Date of Completion (MM/YYYY)	Institution	Result	Code	Subjects undertaken	Credit points	Name of subject	Credit Points

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Certification and Consent

I, _____confirm that the enclosed information is true and accurate.
I am applying for exemption of subjects, to undertake a research degree, _____delivered by the Australian Institute of Business (AIB).
I hereby authorise AIB (or their authorised representatives) to make any inquiries deemed appropriate to any persons, institutions, colleges, universities or the like to verify my previous work experience and/or qualifications.

Signed:
(Signature of the above named student)

Date:
(DD/MM/YYYY)