



RULE WAIVER REQUEST FORM

INFORMATION FOR STUDENTS

Please read the information below before completing the form.

GENERAL INFORMATION

- You should complete this form if you wish to:
 - Study more than a full-time study load (more than 4 units in a standard semester or more than 3 units in an accelerated semester);
 - Request to waive a pre-requisite unit; or
 - Wish to enrol in a unit after the cut-off period (week 2 of a standard semester or week 1 of an accelerated semester).
- Waivers are granted on the understanding that you are fully responsible for your own academic performance, and you will not be entitled to any special consideration on the grounds that you are enrolled in a unit for which you do not meet the prerequisite, for enrolling after the cut-off date or for enrolling in more than a full-time study load.
- You should submit this form to Student Services (studentservices@aih.nsw.edu.au).
- For students who are approved to enrol after the cut-off date, you will be required to go on academic probation. As a condition of your probation you must:
 - attend all classes and submit all assessments by the due date or provide a medical certificate within 3 days if you are unable to do so;
 - meet regularly with your Course Coordinator or delegate and go on a Learning Contract;
 - maintain satisfactory academic progress

Failure to comply with the conditions of your academic probation could result in your enrolment being canceled. You should refer to the **Student Progression and Exclusion Policy** and associated Procedure.

Privacy: We recommend that you read the AIH's Management of Personal Information Policy and associated Procedure published on our website [www.aih.nsw.edu.au]

Return this form to:
 Australian Institute of Higher Education P/L
 Level 3, 545 Kent St, Sydney NSW 2000
 Phone +(612) 9020 8050, Fax +(612) 8004 9286
 Email: [studentservices@aih.nsw.edu.au]

STUDENT DECLARATION

I declare that the information provided by me is accurate and complete. By signing this form, I declare that I understand the conditions stated on this form.

Signature:

Date:

OFFICE USE ONLY

Received by:

Received date:

Academic Reviewed By:

Date:

Approved

Declined

Diary Note

Form uploaded in Student Management System

USE BLOCK LETTERS WHEN COMPLETING THIS FORM AND PLEASE KEEP A COPY

PERSONAL DETAILS

Title: Mr Ms Other (please specify)	
Family name:	
First name(s):	Male Female
Date of birth (dd/mm/yy):	
Student ID:	
Phone (home/mobile):	
Email:	
Full address:	
City:	Post code:
State:	Country:

Undergraduate courses

- Diploma of Business Information Systems
- Associate Degree of Business Information Systems
- Bachelor of Business Information Systems
- Bachelor of Accounting
- Bachelor of Business

WAIVER DETAILS

Reason for waiver (please tick)

- | | | | |
|--------------------------|----------------------------------|-------------------------------------------|-----------------------|
| Waive Pre-requisite Unit | Study more than a full-time load | Enrol in a subject after the cut-off date | Other (specify below) |
|--------------------------|----------------------------------|-------------------------------------------|-----------------------|

Further Information (please state below which subject(s) you wish to waive and give reasons as to why you think the waiver should be approved)