EXAM 031\_001 Application for an Embedded Award Form

|  |  |
| --- | --- |
| Name |  |
| Student number |  |
| Permanent Address |  |
| Mobile no |  |
| Programme currently registered on |  |
| Level of Embedded Award Sought:(Level 6,7,9) |  |
| Academic Year Achieved |  |
| Reason for request |  |
| Approved by Head of Department |  |

Please give this form to your Head of Department by **1st September.**

Late applications will not be considered for graduation in that year.

Student Declaration: ­

I understand that by applying for this embedded award I **cannot** immediately register (within the next academic year) on any follow-on course to the course for which the exit award has been obtained.

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty To Complete**

Does the parent programme have a validated embedded award? Yes / No

Programme Name & Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the student passed the requisite amounts of credits to receive the award Yes / No

Does the student have outstanding fees? Yes / No

Award GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Award Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach relevant transcripts.

Signed by Head of Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

Chairperson of Exam Board:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student record system updated Yes / No

Signed by Exam Secretary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_