Request for Exit Award

This form should be used by a Program Director, a Program Facilitator or their approved delegate to indicate that they have approved a student to receive an exit award.

This form should be completed in conjunction with a student.

Part A: Personal Details

Student ID:

Mr/Miss/Ms/Mrs:	First name(s):

Family name:

Date of birth:	Contact No:

Current program details:

Program code:	Program title:

Requested exit award

Please select one:
- ☐ Diploma (36 units completed)
- ☐ Associate Degree (72 units completed)

Please select one:
- ☐ Arts Studies
- ☐ Business Studies
- ☐ Health Studies
- ☐ Technology Studies

Part B: Academic Counselling Checklist

Please check all as discussed:
- ☐ Leave of absence
- ☐ Part-time study
- ☐ Counselling services
- ☐ Learning support services

Student Declaration

I wish to request an exit award and understand that I will need to reapply through SATAC or similar if I wish to continue my studies at a later date.

Student Signature:	Date:

Program Director (or approved delegate) Declaration

I approve this students request for an exit award.

Signature:	Date:

SUBMITTING YOUR APPLICATION

In person

City East
Campus Central
Level 3
Playford Building

City West
Campus Central
Level 2
Jeffrey Smart Building

Magill
Campus Central
Level 1
B Block

Mawson Lakes
Campus Central
Ground Floor
C Building

Mount Gambier
Regional Centre Office
Wireless Road
Mount Gambier SA
5290

Whyalla
Campus Central
Ground Floor
Main Building
111 Nicolson Ave
Whyalla Norrie SA
5608

By post

University of South Australia
Campus Central – (name of campus)
GPO Box 2471
Adelaide SA 5001

By email

ask@campuscentral.unisa.edu.au

OFFICE USE ONLY
Campus Central

Diploma	Associate Degree
☐　36 units completed	☐　72 units completed
☐　No more than 18 units of credit	☐　No more than 48 units of credit

All Programs

☐　Medici updated

☐　Credit transferred

☐　Students uploaded for graduation