



Please read the guidelines overleaf carefully prior to completing your application.

STUDENT DETAILS

Student Number: \_\_\_\_\_ Title: Mr / Mrs / Miss / Ms / Dr / Other: \_\_\_\_\_
Family Name: \_\_\_\_\_
Given Names: \_\_\_\_\_
Formal Name: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ [dd/mm/yyyy]

POSTAL ADDRESS FOR OFFICIAL COMMUNICATIONS

Official University Communications will be sent to your preferred mailing address as recorded in the student database. If this needs updating, please fill out the section below (to check your details, refer to guidelines on back page).

\_\_\_\_\_
\_\_\_\_\_ Post Code: \_\_\_\_\_

If the above address is only temporary, please indicate dates. From this date: \_\_\_\_\_ to this date: \_\_\_\_\_

E-EXEMPTION DETAILS

Implement an e-Exemption:  From this date: \_\_\_\_\_ to this date: \_\_\_\_\_

(All eExemption requests must have an end date. Permanent exemptions will only be given with relevant disability/medical conditions and must be supported by a verifiable medical certificate or the University Counselling Service)

Reason for application:  Disability/medical condition
 Other. Please Specify: \_\_\_\_\_

Supporting evidence:

I have attached independent supporting documentation in support of my application.

OR

The University Counselling Service believes there is clear evidence of a genuine inability to utilise electronic services. [Valid only for disabilities and medical conditions]

Counsellor's signature: \_\_\_\_\_

UCS Stamp:



Counsellor's Name: \_\_\_\_\_

Student Signature:

Date:

# Guidelines for Application for e-Exemption

1. e-Exemptions are made available by the University to assist students who are not able to access OASIS on a regular basis.

Requests for e-Exemption will be approved only in exceptional circumstances where **clear evidence** of a genuine inability to access OASIS on at least a weekly basis is provided.

Students requesting an e-Exemption must demonstrate that they are not able to access OASIS due to disability, incapacity, or some other compelling reason. **Slow internet connections do not warrant eExemption.**

2. Unless a University Counsellor has supported your request, relevant independent documentary evidence, such as a letter from your medical practitioner, employer or counsellor must be submitted with the Application form.
3. It is your responsibility to ensure that this form has been completed correctly, and that all required supporting evidence is attached. Incomplete requests for e-Exemption will be returned to you for completion prior to processing.
4. Completed forms and any supporting documentation should be lodged by post or in person at Student Central:  
Customer Service  
Building 101, Level 2  
Kent St Bentley WA 6102
5. Once we have received your request, it will be verified and processed within 10 working days.
6. You will be sent written notification of the outcome of your application.
7. All correspondence relating to your request will be sent to the **preferred mailing address** as recorded in the student database, which will be updated if you have provided address details on this form. If you wish to check your preferred mailing address, you can do so by phoning Customer Service during business hours on 08 9266 3399.
8. Until the University approves an e-Exemption, you will continue receiving official communications via OASIS.

## Privacy Statement

Any information collected from you by the University will be handled in accordance with the University's policy on maintaining the confidentiality and privacy of information.

### STUDENT SERVICES APPROVAL

Application is:  Approved  Not approved (please attach reasons for not approving this request).

Signature of Authorised Officer: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_