

EXEMPTION APPLICATION FORM

REGULATIONS

Exemptions will only be considered if:

1. applicant is a registered member of IMIS, or if accompanied by a completed membership form and fees
2. this form is completed on both sides and accompanied by copies of certificates with their relevant syllabus and examination assessments and/or marks

Exemptions will NOT be considered if:

1. an applicant has previously sat and failed in the module(s) which exemption is requested
2. they are not accompanied by the appropriate fees
3. an Examination entry has been made in the corresponding module(s)

Membership Number: _____

Family Name _____

Given Name(s) _____

I hereby certify that the statements overleaf are true, and relate only to myself.

Signature _____

Email Address: _____

I hereby apply for Exemption(s) from the following examinations of the Institute for the Management of Information Systems. **Please place a cross in box next to the module from which you wish to request an exemption.**

Foundation Diploma

- F01 Communications Skills
- F02 Arithmetic
- F03 Computing Awareness
- F04 Use of Packages
- F05 Book-Keeping
- F06 Office Practice

Diploma

- D21 Information Systems Practice
- D22 Business Fundamentals
- D23 Communications and Business Technology
- D24 Programming and Web Applications
- D25 Business Information Systems
- D26 Information Systems Building

Higher Diploma

- H31 Management of Information Systems
- H32 Information Systems Strategy
- H33 Contemporary Information Systems
- H34 Database Development
- H35 Project Management
- H36 Business Information Systems Project

Relevant Examinations Passed on which Exemption(s) claim is based

Examination Body, Educational Establishment, Professional Body	Part of Examination	Date Passed	Grades Obtained	Options Taken (if any)

When you have completed this Application Form please send it to IMIS Head Office together with relevant examination fees. **Please note, applications cannot be accepted without payment in full.** Payment can be by Cheque Postal Order or by completing the slip below to pay by Credit/Debit Card. Please debit my MasterCard/Visa/Switch/Visa Delta/Solo account by the amount shown:

£ _____

Cardholders Name _____

Cardholders Signature _____

Cardholders Contact Telephone No, or Email Address _____

Card Number

Valid From Date

Expiry Date

Please refer to the IMIS privacy policy documented in our Membership Pack.