



Application for Exemption from repeating a placement

This form must be completed by those students seeking credit for placement days which have been previously successfully completed as part of an attempted Monash Education unit of study. If you undertook placement at another institution or within another Monash University faculty, please apply for credit for the professional experience unit (using a Credit Application Form <http://www.monash.edu.au/connect/assets/docs/forms/credit.pdf>).

All applications will be assessed on a case by case basis by the relevant academic and should be made at **the beginning of each academic year** or where applicable – **at least 6 weeks prior to commencement of a scheduled placement**. All applicants will be advised via their Monash University student email as to their application outcome.

Title: _____ Surname: _____ First Names: _____

Monash Student ID: _____ Monash Student email: _____

Contact Telephone Number: Home _____ Mobile _____

Course: Early Childhood Primary Secondary P-10

Campus: Clayton Gippsland Peninsula Berwick

Name of Placement you are requesting credit for:

Unit Code: _____ Unit Name: _____

Semester: One Two

Scheduled Dates of Placement: From _____ To _____

Name of equivalent Monash Education Placement you have previously undertaken:

Unit Code: _____ Unit Name: _____

Semester undertaken: One Two

Please detail your reasons for applying for placement credit - (attach if insufficient space).

Signature: _____ Date: _____

How to submit this application form:

1. Login to ask.monash
2. Select the "Ask a Question" tab
3. Choose "Student Administration" from the category drop-down list
4. Type or copy/paste the following into the question field: PEO Form
5. Attach your scanned forms (maximum size limit is 3 MB per form).

PLACEMENT UNIT COORDINATOR USE ONLY	
Credit Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no please provide a reason so the PEO may inform the student)
Number of days credited:	
Comments:	
Name:	
Signature:	Date:
CORE CURRICULUM/SPECIALISM UNIT COORDINATOR USE ONLY	
Credit Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no please provide a reason so the PEO may inform the student)
Number of days credited:	
Comments:	
Name:	
Signature:	Date:
PPO USE ONLY	
Date Student Notified:	
Name:	
Signature:	Date:
NB: copy of correspondence to student advising of the application outcome must be filed with the original student application & unit coordinator(s) decision.	