

## **Request for Minimum Age Exemption**

Students must be at least 17 years of age at the start of their enrolment.

Adelaide University recommends all prospective students complete a standard Australian secondary qualification (or equivalent) before starting university. Students under 17 will only be considered in exceptional cases and must provide evidence of outstanding academic achievement and readiness for university study, as per clause 3.3 of the <u>Adelaide University Admission for Coursework Programs Procedure</u> (https://adelaideuni.edu.au/about/policies/admissions-policy/admission-for-coursework-programs-procedure/).

Section 1: Personal Details						
Adelaide University Student ID:						
Open University Australia ID (if applicable/known):						
First name(s):						
Family name:						
Date of birth:						
Preferred email address:						
Telephone number:						
Section 2: Deta	ils of requeste	ed course/subj	ject enrolments			
Course/Subject Example:						
Study Period/Year	Subject Area	Catalogue Number	Course/Subject Name			
2/2024	COMP	1009	Programming in Java 2			
Course/Subject	t <b>1:</b>					
Study Period/Year	Subject Area	Catalogue Number	Course/Subject Name			
	1	1				
Course/Subject	t <b>2:</b>					
Study Period/Year	Subject Area	Catalogue Number	Course/Subject Name			

Section 3: List any previous courses/subjects undertaken at Adelaide University and/or OUA						
Study Period/Year	Subject Area	Catalogue Number	Course/Subject Name	Result/ Grade		

Section 4: Please describe your formal secondary study plans and how your requested Adelaide University/OUA enrolment relates to your future study goals:	
Section 5: Please describe the outstanding academic achievement you believe demonstrates readin university study:	ness for
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Section 6: Please describe any other circumstances you believe are relevant to your request for an exemption to Adelaide University's minimum age policy:						
Secti	on 7: Student Declaration:					
	I authorise the University to obtain further information with respect to my application and, if necessary, to investigate					
Stude	nt Signature:		Date:			
Office Use Only						
Comments:						
Outcome:						
Date 1	received:	Date processed:				
Received by:		Processed by:				

