



Exemption Application for Courses Completed with a University Accredited by the Institute and Faculty of Actuaries

Surname _____ First Name _____ Member ID _____

N.B. Before completing this form the applicant should read the information given below carefully.

1. Students who have completed a course with a [university accredited by the Institute and Faculty of Actuaries](#) may be eligible for some or all core technical exemptions (without requiring to be a member of IFoA).
2. Only **current** members of the Actuaries Institute can apply for exemptions.
3. Original or certified copies of the academic transcript(s) indicating the completion of all relevant courses must be submitted.
4. A certified copy of the recommendation letter of exemption eligibility from the nominated professor at the accredited university must be included with the application. Students submitting electronic applications will need to have all supporting documentation certified.
5. Applications for exemption will **NOT** be considered if they are not supported by all relevant documentation (please see checklist on page 3).
6. An exemption fee of \$50 per subject will apply only after you have been granted an exemption.
7. The exemption fee is payable within one year from the date the exemption is being granted.
8. Students who have had their exemptions recognized by the Institute and Faculty of Actuaries are eligible for a credit transfer and should complete the [Credit Transfer Application](#).
9. All applications must be submitted together with all the relevant documentation to:

Mail To:

Actuaries Institute
Level 2, 50 Carrington Street
Sydney NSW 2000
AUSTRALIA

Email: Education@actuaries.asn.au



EXEMPTION DETAILS

Please complete all details requested *(Please print in block letters)*

Title Mr Mrs Miss Ms Dr Other (please specify) _____

Member ID _____

Given Names (In full) _____

Surname _____

Mailing Address _____

Telephone _____ **Fax** _____

Email Address _____

University Attended _____

Name of Degree (s) _____

Exemption Subject	Course/Subject Code*	Course/Subject Name*	Completion Date
CT1			
CT2			
CT3			
CT4			
CT5			
CT6			
CT7			
CT8			

* Referring to the individual subject/course name and code not the degree name and code.



IMPORTANT NOTICE

The Actuaries Institute accepts no responsibility for any loss or interception of this information during transmission by any medium.

CHECKLIST

Here, I have enclosed:

One copy of my fully completed Exemption Application for Courses Completed with a University Accredited by the IFoA (indicating the university attended and the exemption subject/s applied for)

One copy of **original** or **certified** academic transcript showing all relevant courses

One copy of **certified** recommendation letter of exemption eligibility from the nominated professor

Please ensure that ALL relevant information is provided when completing this form, as otherwise your application will NOT be accepted.

Declaration:

I hereby apply for exemption from the above Part I subjects and declare that the information is correct and the documents provided is legitimate.

Signed _____

Date _____

PAYMENT METHOD

CHEQUE

EFTPOS

AMEX

MASTERCARD

VISA

Total Amount: \$50 per subject

Card Number: / / / / Expiry Date: /

Cardholder's Name (Please Print):

Cardholder's Signature:

Mail to: Actuaries Institute
Level 2, 50 Carrington Street
Sydney NSW 2000
AUSTRALIA

Email to: Education@actuaries.asn.au

Privacy policy: Your privacy is important to us. The collection use and disclosure of personal information by the Actuaries Institute is covered in our Privacy Policy which is available at <http://actuaries.asn.au/utills/privacy-policy>