

INSTITUTE OF PEOPLE MANAGEMENT OF ZIMBABWE
SUBJECT EXEMPTION APPLICATION FORM



PERSONAL DETAILS

FULL NAME : Mr/Ms	Membership No:
TYPE OF DIPLOMA	
ADDRESS:	SUBJECT TO BE EXEMPTED
CONTACT TELEPHONE/CELL:	1.
	2.
E.MAIL ADDRESS:	3.
	4.
	5.

Certified copies of certificates must accompany this application.
PLEASE SUPPLY TRANSCRIPTS AND SYLLABI FOR THE QUALIFICATIONS IN THE
SUBJECTS BEING APPLIED FOR.

QUALIFICATION	PASS MARK	SYMBO
1.		
2.		
3.		
4.		
5.		

I enclose payment of **\$20.00** Application Processing Fees

EACH SUBJECT EXEMPTED WILL ATTRACT AN EXEMPTION FEE WHICH WILL BE ADVISED.

Signature _____ Date _____

Office Use Only

SUBJECT	ACCEPTED	DENIED	REMARKS
1.			
2.			
3.			
4.			
5.			

Signature _____ Date _____
Chair person of Exemptions Committee.

Signature _____ Date _____
Director

PAYMENT RECORD

Paid Sum of \$ _____ in words (_____)
For _____ subjects exempted
Date _____ Receipt Number _____
Received by _____ Signature _____