

## **Approval for Early Release of Qualification Award**

	Full Name of Graduand:				
	Date of Birth:				
To be completed by School/Programmes	Learner ID Number:				
	Title of Qualification:				
	Official Graduation Date:				
	Reason for application:				
l by	Address to which award is to be sent (Note: This cannot be a Post Office Box number):				
etec					
ldm					
)e co					
Тор	Application submitted by Learner:				
	Signature Name	in Print	School	Date	
	Authorised by:				
	Deputy Chief Executive: Learn Experience	ner APPROVED		DECLINED	
Academic approval	ехрепенсе	<u> </u>		<u> </u>	
			 Dat	te	
4 "	Signature				
ic Registry	Academic Registry				
	representative				
		Signature	Date gradua	ite event entered in SMS	
dem	Academic Registry representative	Certificate serial number:	G	-	
Approved by Academic Registry	Date issued				_
	Courier:				
Арр	Package Number:				