



Request for VTAC Exemption from the GAT

Student details	
First name:	Surname:
Gender:	Date of birth: (DD/MM/YYYY)
VCAA student number:	Email:
IB candidate number:	IB school:

Reason for exemption (please tick)	
<input type="checkbox"/> I am retaking some IB exams this year at a Victorian school and sat the GAT last year.	
Previous IB candidate number:	Previous IB school:
<input type="checkbox"/> Other reason (please describe):	

Declaration	
I hereby declare that the information provided on this form is complete and accurate.	
Signed by student:	Date:
(Principal or IB Coordinator) Signed by witness:	Date:

Return completed form to: VTAC – GAT Exemptions Level 7, 130 Lonsdale St Melbourne VIC 3000	Office use only Received by: Approved: Yes / No
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