This form should be used to apply for accreditation of prior certificated learning (APCL) and/or accreditation of prior experiential learning (APEL), in accordance with the College’s Accreditation of Prior Learning Policy. The form should be completed by the applicant/student in collaboration with the Course Leader. Once completed, the form should be passed to the University Studies office for approval.

Please note that completion of this application does not guarantee that exemption will be granted

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| Applicant/Student Claim | |
| Name |  |
| Applicant/Student Number |  |
| Address |  |
| Email |  |
| Contact Number |  |
| Course |  |
| Course Leader |  |

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| --- | --- |
| Please specify the type of prior learning obtained | |
|  | Certificated, earning that has been accredited, formally recognised or certificated through a higher education institution or other higher education / training provider |
|  | Experiential, uncertificated learning that has been achieved through experience and/or training that has not been formally  assessed |

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| Prior Learning Details |
| Please detail below descriptions of any courses/course modules completed that you wish to be considered for credit transfer. You must provide as much information as possible about module content, course structure, methods of assessment and so on. You should be able to obtain this information from your previous institution of Higher Education. Alternatively, please provide a web address for this information below if it is available online (continue overleaf if necessary) |
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| Supporting evidence |
| Please list the evidence that you are submitting with this form to support your application for accreditation of prior learning. That is, certified copies of transcript(s) and University certificate(s). If your claim is on the basis of qualifications obtained more than 5 years ago, please provide a statement below, explaining why you believe your prior learning is still current for the purpose of credit transfer. You should describe ways in which you have kept your previous studies up-to-date, for example via work experience, and demonstrate how this subsequent learning relates to your studies. Please ensure that you provide dates for any subsequent learning you are asking us to consider. Please note that we may ask you to submit additional documentation in support of this statement at a later date. |
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| Applicant/student checklist | |
| Before you return your application for credit to the University Studies Office please ensure that you have: | |
|  | Made an application for admission to a course prior to making this claim for credit transfer, and therefore have written your University Applicant/Student ID number at the top of this form. |
|  | Included details of all previous studies that you wish to be considered for credit transfer. |
|  | Attached adequate supporting evidence of the successful completion of any previous studies. That is, certified copies of academic transcripts, University certificates and information about the course of module content. |
|  | Checked that your previous studies were taken at the same level as studies for which you are seeking exemption. |
|  | Included proof of any change of name, if relevant. |

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| Declaration | |
| I confirm that the information given in this form and within supporting documents is complete and accurate to the best of my knowledge. | |
| Signed |  |
| Date |  |

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| Evaluation of Claim |
| Alignment of prior learning with course content and learning outcomes  Please summarise how the prior learning aligns with the relevant element(s) of the course for which the applicant/student is seeking exemption (including equivalency of level, volume, subject content and learning outcomes) |
|  |
| Currency of prior learning  Please confirm whether the prior learning remains current in terms of the content of the course (noting that prior learning should normally have taken place within the last five years and should meet the requirements of any relevant professional, statutory or regulatory body) |
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| Modules against which it is recommended that credit is awarded  Please list the modules that it is recommended that the applicant/student be awarded credit. | | | |
| Module | Module Code | Credits | Level |
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Or (for accreditation of whole levels of study*)*

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| **FHEQ Level** (please tick all levels that apply) | **Level 4** |  | **Level 5** |  |

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| --- | --- |
| Course Leader recommendation | |
| I recommended that credit is granted to accredit of prior learning in relation to the module(s) and/or level(s) of study outlined above. | |
| Print name |  |
| Sign name |  |
| Date |  |

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| Approval |
| Approval by Head of University Studies or Chair of the relevant Assessment Board  Please add any comments below, including limitations on credit awarded, requests for additional information or any further requirements (e.g. interview). |
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| Signed (Chair) |  |
| Date |  |