**Application Form for Accreditation of Prior Learning\***

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| **Name:** | **Student ID Number:**  (If applicable) |
| **Address:** | |
| **Home tel:** | **Mobile:** |
| **Email:** | |
| **Programme of Study:** | |
| **Application for:** |  |
| **Accreditation of Prior Learning\*\*** | Yes/No |
| **Accreditation of Prior Certificated Learning\*\*** | Yes/No |
| **Accreditation of Prior Experiential Learning\*\*** | Yes/No |

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| **Enter details of all learning you wish to be considered\*\*\*** | | | | |
| **Institution** | **Name of Award/module** | **Credit value** | **Level (1,2,3,M)** | **Date obtained** |
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| **Details of Accreditation of Prior Experiential Learning achieved outside of education or training\*\*\*:** |
| |  |  | | --- | --- | | **Signature:** | **Date:** | | \*Please refer to Guidance for applicants and seek guidance from appropriate Faculty/School Admissions Tutor when completing this form.  \*\*Please refer to the Accreditation of Prior Learning Policy for definitions.  \*\*\*Please append appropriate evidence to the application and send to the relevant Faculty/School. | | |