## Recognition of Prior Learning (RPL) & Credit Transfer Application Form

## Student to Complete

|  |  |
| --- | --- |
| Student Details | |
| **Name:** |  |
| **Student ID:** |  |
| **Current Address:** |  |
| **Course:** |  |

|  |  |  |
| --- | --- | --- |
| Have you provided all relevant evidences/documents for the RPL and/or Credit Transfer? | | |
| Grounds RPL and/or Credit Transfer  Please write why you believe your RPL and/or Credit Transfer application should be assessed? Attach an additional sheet if needed. Provide all the required evidences of prior learning and complete assessment process as set out by your RPL assessor. | | |
|  | | |
| Student Signature: |  | Date: |

## Admin use only

|  |  |  |
| --- | --- | --- |
| Application is | Accepted | |
| Declined | |
| RPL and/or Credit Transfer approved | Yes | |
| No | |
| Comments, if any |  | |
| **Approved by** |  | |
| **Sign:** |  | Date: |

# Evidence Record Form

# RPL Officer to Complete

|  |  |  |  |
| --- | --- | --- | --- |
| Student Details | | | |
| **Name:** |  | | |
| **Student ID** |  | | |
| **Course for which applicant is seeking RPL/Credit Transfer** |  | | |
| **Applying for** | * RPL | * Credit Transfer |

|  |  |  |
| --- | --- | --- |
| Units of Competency  Code & Name | Description of Evidences Presented and Reviewed  All the originals must be sighted for verification purpose | Credits Granted  Full/Partial |
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**Declaration:** RPL and/or Credit Transfer Facilitator has verified the competencies through the evidences presented which may include Academic Transcripts, Awards, Work Certificates and/or evidences of general life experiences.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RPL and/or Credit Transfer Facilitator Name |  | | | |
| Applicant’s Name |  | | | |
| RPL and/or Credit Transfer Facilitator to verify sighting of **original or certified copies** of Statement of Results or Statement of Attainment or Qualifications as evidence. | | | | |
| Date started | |  | Date Completed |  |
| Comments | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Evidence attached | * Yes | * No | |
| Comments, if any |  | | |
| Signature of Applicant |  | | Date: |
| RPL and/or Credit Transfer Facilitators Signature |  | | Date: |
| Academic Manager Signatures |  | | Date: |

Note:

1. Total enrolled hours must equal course hours minus Credit Transfer hours.

2. Students must be enrolled in all units/modules of the course.

3. A copy of the form to be attached to the Student’s timetable, delivery and assessment plan.

4. A copy of the form and evidence to be held in the student file for two years.