

Recognition of Prior Learning (RPL) Form

Student Details			
Full Name:		Date of Birth:	
Email Address:		Phone No:	
Current Address:			
Course Name & Code:			

Have you provided all relevant evidences/documents for the RPL?			
Please write why you believe your RPL 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:	

Office Use Only			
Application is	<input type="checkbox"/> Accepted	<input type="checkbox"/> Declined	
RPL Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments, if any			
Approved by			
Signature:		Date:	

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