

RECOGNITION OF PRIOR LEARNING APPLICATION FORM (Higher Education [HEd])

This form is to be used **for Higher Education** students who are applying for exemption on the basis of work experience - Recognition of Prior Learning (RPL). This Form to be read in conjunction with the Course Credit and Articulation Policy & Procedure (<u>Documents</u> > Public Policies and Forms > POLICY—Course Credit and Articulation Policy & Procedures) which outlines the requirements and states that you must have a minimum of three (3) years work experience to apply. If an applicant is applying for credit based on <u>both</u> Formal Study and Work experience **50% of the course** is the <u>maximum</u> that can be credited in total.

PERSONAL DETAILS							
Title:	Mr.	Ms.	Mrs.	Miss	Other:		
Family Name:							
Given Names:							
Date of Birth:					Gender	Male	Female
Street Address (Australia) **Must NOT be a PO Box. Kent will send all communications to this address.							
Suburb				State:	Postcode:		
Email Address		Mobile Phone:					
KENT Student ID:							

Copy of Curriculum Vitae/Resume attached

KENT COURSE OF STUDY					
Course Code	Name of course of study	Trimester and Commencing Year			

List the Kent Units that you are seeking credit for:						
Unit Code	Name of Unit/Subject	APPRO	APPROVED			
		YES	NO			
		YES	NO			
		YES	NO			
		YES	NO			
		YES	NO			
		YES	NO			
		YES	NO			

What is the highest level of formal schooling achieved? What year was this schooling completed Name of institution and where was this schooling completed Details of any studies you may have undertaken since leaving school Attach evidence of results: Yes No *Supporting documentation must be a certified copy and translated in English if applicable by a licensed translation service) Date of Course Level of Study leg. Apprenticeship, Certificate, leg. Title of trade, name of course, etc.)	PREVOUS EXPERIEN	ICE			
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Notes: Please attach an additional page if required.

STUDENT DECLARATION AND SIGNATURE

(Please Tick Boxes Below to confirm)

I have read the Kent Course Credit and Articulation Policy and Procedures and I do understand the requirements.

The information I have provided in this Form is true and correct to the best of my knowledge. I acknowledge that the provision of incorrect information may result in my application being rejected by Kent.

I understand that Kent will notify the Department of Immigration and Border Protection (DIBP) of any changes to my Confirmation of Enrolment (CoE) as the result of this application.

Student Signature:		Date:				
SUBMIT FORM with accompanying documents via Desk. Please allow ten (10) business days to process			s@kent.e	<mark>du.au</mark> or in person at the C	ampus Reception	
OFFICE USE ONLY – The RPL Application for t	he student	t named	above ha	s been reviewed and cor	firmed below:	
APPLICATION APPROVAL						
I approve the requested RPL as recorded on the T	Table (Page	1).		Approved Declined		
The number of Units the student needs to comple	ete in the co	ourse of st	udy is:			
Comments:						
Signature:						
Position:						
Date:						
STUDENT ADMINISTRATION:						
OFFICE USE ONLY						
Student advised of outcome of this application Date:		1	1	Staff Initials:		
New written agreement signed Da		1	1	Staff Initials:		
DIBP advised of changed details via PRISMS	Date:	1	1	Staff Initials:		
Student File Updated on SIS (RTO Manager)	Date:	/	1	Staff Initials:		