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**APPLICATION FOR RECOGNITION OF PRIOR LEARNING (RPL)**

Please read the policy on RPL and the applicant guide before completing this form

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| --- | --- | --- | --- |
| **Full name** |  | **Student ID** *(if already registered at UoL)* |  |
| **Address and postcode** |  | | |
| **Telephone** |  | **Email** *(if not already registered at UoL)* |  |
| **Programme of study** |  | | |
| **Total number of credits you wish to be exempt from** | *Note – the maximum amount of RPL which can be awarded towards UoL qualifications is one third of the credits for the programme* | | |
| **Modules (or non-modular units of learning) you are claiming RPL against** | *Please list* | | |

**APPLICATION FOR RPCL**

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| Full name of the **institution** attended |  | | | |
| Full title of the **programme/qualification** |  | | | |
| **Modules** completed (and codes if available) | Title (code) | Credits | FHEQ level | Mark |
|  |  |  |  |
| **Dates** of study  (must be within 5 years) | Start date: | | Completion date: | |
| **Awarding body** (if not the institution at which you studied) |  | | | |
| List of **evidence** provided in support of your claim |  | | | |
| **Supporting statement** | *Please identify as precisely as possible the specific programme or module (or non-modular unit of learning) learning outcomes for which you are claiming RPCL, cross-referenced to the supporting evidence* | | | |

**APPLICATION FOR RPEL**

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| List of **evidence** provided in support of your claim |  |
| **Supporting statement** | *This should include:*   * *An account of the activities undertaken from which the learning was gained and the dates and duration of these activities* * *The identification as precisely as possible of the specific programme or module (or non-modular unit of learning) learning outcomes for which you are claiming RPCL, cross-referenced to the supporting evidence* |

**The University of Liverpool reserves the right to contact institutions and organisations named by the applicant for confirmation and verification of the information provided.**

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| **Signature of applicant** | **I declare that the information and evidence I have provided is accurate and authentic** |

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| FOR USE BY SCHOOL/INSTITUTE STAFF | Date application received: |