**Appendix 3**

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**Accreditation of Prior Learning Application Form**

Please complete section 1 to 3 of this form if you wish to submit a claim for the accreditation of certificated prior learning (APCL) and submit it to the relevant academic department.

**Section 1**

Name: Click here to enter text.

Contact Details:

Click here to enter text.

Applicant Number: Click here to enter text.

Title of the programme for which you have applied: Click here to enter text.

**Section 2**

Name of Institution which awarded credits for prior learning: Click here to enter text.

Title of programme for which you were registered: Click here to enter text.

Dates registered: Click here to enter text.

Mode of Study: Choose an item.

Title of award obtained (if any): Click here to enter text.

Date of award: Click here to enter text.

Please provide a copy of or a link to the programme specifications and module specifications or complete the section below:

Link (if provided) Click here to enter text.

**Details of Programme Structure**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Module Title** | **Level**  **4,5,6 or 7** | **Number of Credits** | **Details of how the module was assessed, e.g. examination, essay, project** | **Mark obtained** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
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|  |  |  |  |  |

**Section 3**

Please complete the following details, giving the full title for the University of Leicester module which you wish to be considered for APL

|  |  |
| --- | --- |
| **Module Title** | **Credit Rating** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Please sign and date this form and attach an authorised transcript of your results

**Signed** ………………………………………………………………………. **Date** ……………………

**Section 4 (to be completed by the Programme Director/Admissions Tutor)**

1. Please list below the University of Leicester modules against which learning outcomes and achievement have been matched and indicate whether exemption may be given.

|  |  |  |
| --- | --- | --- |
| **Module Code** | **Module Title** | **Can be recognised as APL (Yes/No)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Please indicate the adjusted periods of registration taking account of the impact of the exemptions:

Normal period of registration: Click here to enter text.

Maximum period of registration: Click here to enter text.

**Signed** …………………………………………………………………………. **Date** …………………………

**Print Name ……………………………………………………………….**