**EXAM012\_001 Application for Recognition of Prior Certified Learning Form**

**Student Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname | First name | Student Number | Contact Phone Number | Email Address |
|  |  |  |  |  |
| Programme Title: | | | | Programme Year / Stage:  On-line or Full Time? : |

**Exemption Details** (Add rows to table as required.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Module Title for which Exemption is being sought** | Supporting documentation submitted with this application (tick all that apply) | | | Approved  Yes / No | Assessor Signature |
| Module Descriptor | Transcript of results | Exam Paper/Assignment Descriptor |
|  |  |  |  |  |  |
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| --- | --- | --- |
| **Approval and Communication** | Print name | Signature & Date |
| Applicant |  |  |
| Head of Department: |  |  |
| Exemptions entered to Exam Record by Administration Manger |  |  |
| Student notified of the outcome  Administration Manger |  |  |