### Form H1

# Assessment of application for recognition of prior certificated and/or experiential learning

All sections of this form are to be completed by the Admissions Tutor (or equivalent) or Course Leader

#### **Section A: Student Details**

Student Name:	
Course Title:	
KU Student ID Number (if known):	

#### **Section B: Outline of Prior Learning**

The following sections of the form should provide details of the prior learning. A brief description of the types of activity which should be included is given under each heading.

**Certificated Prior Learning** - Certificated prior learning is learning which has been gained as part of a formal programme of study, which has been assessed, and for which a qualification has been awarded. Such learning can include: HE qualifications, professional qualifications, National Vocational Qualifications, courses which have been credit-rated by other HE institutions.

Ref	Qualification	Institution/ Awarding Body	Subject(s) Studied	Dates From/To
C1				
C2				Add more lines if needed

**Experiential Learning (including formal learning not assessed)** - This section should include a brief outline of experiences which have provided the basis for the learning contained in the student's RPEL claim. A range of activities can be included where appropriate - for example, work experience, activities undertaken in a

voluntary capacity, interests which have been pursued to a level of expertise etc.

Ref	Posts Held / Context of Learning	Employer/Organisation	Overview of the experience gained	Dates From/To
E1				
E2				Add more lines if needed

#### **Section C: Confirmation of RPL Credits**

This section should confirm the module(s) which can be credited and that the certificated prior learning or experiential learning meets the module learning outcomes.

Module Code	Module Title	Which of the prior learning listed above meets the module learning outcomes (use refs)
		Add more lines if needed

## SIGNATURE OF ADMISSIONS TUTOR (OR EQUIVALENT) OR COURSE LEADER

Date application approved:	
Comments:	
Name:	
Signature:	

When completed, please return this form to QAE