

**APPLICATION FOR RECOGNITION OF PRIOR FORMAL LEARNING**
**PERSONAL DETAILS**

Name:			
Course:			
Address when studying:			
Contact Information:	Phone:	Mobile:	
	E-mail:		
Start Date:			
Finish Date:			

List the units for which you wish to apply for **recognition of prior formal learning**:

Unit Code	Unit Title	To be completed by Taylors College	
		(✓) Granted	Approving Officer's Signature / Date

SGA Learning Unit Code	Unit of Competency	VFH Unit of Study Code*	To be completed by Taylors College	
			(√) Granted	Approving Officer's Signature / Date

\* if applicable

I certify that the information provided by me is true and correct.

\_\_\_\_\_

Candidate's Signature
Date

I have been advised in writing of the outcome of my Application for Recognition of Prior Learning.

I do/do not wish to lodge an appeal.

\_\_\_\_\_

Candidate's Signature
Date

\_\_\_\_\_

Assessor's Signature
Date

OFFICE USE ONLY		
<input type="checkbox"/> Diploma Coordinator	<input type="checkbox"/> Scheduler	<input type="checkbox"/> Bursar
<input type="checkbox"/> Registrar/Student Records	<input type="checkbox"/> Student File	<input type="checkbox"/> Database
Entry		
<input type="checkbox"/> Administrator Student Services	<input type="checkbox"/> DHA advised if change to duration	