

RPL REQUEST FORM

Name ____ \ ____ \ ____	DOB:
Course enrolled: ____ \ ____ \ ____	Start Date:

Complete the following details of your Recognition of Prior Learning Request.		
<i>Unit Code</i>	<i>Unit Title</i>	<i>Summary of supporting evidence you will provide</i>

*Please attach additional information if required

Office Use Only		
Student Support Consultant	Date received: ____ \ ____ \ ____ Name: Signature:	
Administration	RPL Kit compiled and sent to student Trainer notified Training Plan correct? Correct fees applied?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: The completed document must be placed in the student's file.