

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

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

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