

RPL REQUEST FORM

Name	DOB: ____________
Course enrolled:	Start Date: ____________

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

*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.

