**RECOGNITION OF PRIOR CERTIFICATED LEARNING FORM (RPCL) FOR APPLICANTS/STUDENTS AT COLLABORATIVE PARTNERSHIP INSTITUTIONS**

|  |
| --- |
| Regulations for the recognition of prior certificated learning can be found in the Recognition of Prior Learning (RPL) Policy.  Students applying for direct entry to Level 5 or 6 of an undergraduate award, or Part 2 of a postgraduate taught award, must complete sections 1, 2 and 4, with guidance from their Programme Manager.  Students applying for credit for individual modules must complete sections 1, 2, 3 and 4, with guidance from their Programme Manager.  Section 5 must always be completed by the Programme Manger.  **Please ensure that:**   * **All the relevant sections of this form are completed, signed and dated** * **Evidence of the certificated learning is provided, including transcripts that show the marks awarded** * **Where evidence is in a language other than English or Welsh, a translation of the evidence is also provided** * **All prior learning that is to be considered is included on the form, whether that was competed at one or a number of institutions**   *Please note that retrospective applications for the Recognition of Prior Learning are not normally allowed.* |

|  |  |
| --- | --- |
| **1. APPLICANT/STUDENT DETAILS** | |
| Name: |  |
| UWTSD student Number, where applicable: |  |
| E-mail address: |  |
| Name of Collaborative Partner: |  |
| Details of supporting documents:  (please provide a list of documents provided with this form) |  |

|  |
| --- |
| **2. PROGRAMME DETAILS OF PRIOR CERTIFICATED LEARNING FOR WHICH CREDIT IS SOUGHT** |

|  |  |  |
| --- | --- | --- |
|  | **UWTSD Award** | **Award to be accredited** |
| Name of Award: |  |  |
| Name of Awarding body: | UWTSD |  |
| Total Number of Credits for programme (UK credit or UK equivalent): |  |  |
| Programme Aims: |  |  |
| Programme Learning Outcomes: |  |  |

|  |  |
| --- | --- |
| Number of UWTSD credits for which RPCL is sought: (Please note the maximum number of credits that may be considered as set out in the policy) |  |

|  |
| --- |
| **3. MODULE DETAILS OF PRIOR CERTIFICATED LEARNING FOR WHICH CREDIT IS SOUGHT** |

Add more tables as required for the number of modules to be mapped:

|  |  |  |
| --- | --- | --- |
|  | **UWTSD Module** | **Module to be accredited** |
| Module Title: |  |  |
| Number of Credits : |  |  |
| Level: |  |  |
| Module aims: |  |  |
| Module Learning Outcomes: |  |  |

|  |  |  |
| --- | --- | --- |
|  | **UWTSD Module** | **Module to be accredited** |
| Module Title: |  |  |
| Number of Credits : |  |  |
| Level: |  |  |
| Module aims: |  |  |
| Module Learning Outcomes: |  |  |

|  |  |  |
| --- | --- | --- |
|  | **UWTSD Module** | **Module to be accredited** |
| Module Title: |  |  |
| Number of Credits : |  |  |
| Level: |  |  |
| Module aims: |  |  |
| Module Learning Outcomes: |  |  |

|  |  |  |
| --- | --- | --- |
|  | **UWTSD Module** | **Module to be accredited** |
| Module Title: |  |  |
| Number of Credits : |  |  |
| Level: |  |  |
| Module aims: |  |  |
| Module Learning Outcomes: |  |  |

|  |  |  |
| --- | --- | --- |
|  | **UWTSD Module** | **Module to be accredited** |
| Module Title: |  |  |
| Number of Credits : |  |  |
| Level: |  |  |
| Module aims: |  |  |
| Module Learning Outcomes: |  |  |

|  |  |
| --- | --- |
| **4. APPLICANT'S/STUDENT’S STATEMENT**  *This statement should include reflection on the appropriateness of the prior certificated learning to the intended course and justification for the claim.* | |
|  | |
| **Applicant's/Student’s Signature:** | **Date:** |

|  |  |
| --- | --- |
| **5. PROGRAMME MANAGER’S STATEMENT**  *The Programme Manager should evaluate the applicant’s prior certificated learning and decide whether the applicant’s learning may be recognised in terms of equivalence to the module(s) for which credit is sought.* | |
|  | |
| **Name:**  **Signature:** | **Date:** |

**The completed form (and any accompanying evidence) should be sent to the Collaborative Partnerships Office**

**University confirmation:**

|  |  |
| --- | --- |
| Name and job title of UWTSD staff confirming application: |  |
| Signature: |  |
| Date of confirmation: |  |