Application for Recognition of Prior Learning

Enrolled Student ☐   **Potential Student** ☐   **Agent** ☐
(enrolled student complete your student ID)

UTS College Enrolled Student ID Number

☐ ☐ ☐ ☐ ☐ ☐ ☐

If Agent applying on behalf of a student, please provide your details:

Applicant's Details:

Family Name: _____   **Given Names:** _____

(Insert your full address including country and postcode)

Contact Phone No: (including country and area code) _____

Email Address: _____

UTS College Course Name: _____

Student Name:

☐ **By checking this box, I agree to my submitted application being processed, and the Terms & Conditions at the end of this form.**

Important Information for your consideration:
Your request for an exemption will be considered on the basis of the information you provide with Supporting Documentation, which must include a certified copy or original academic transcript with details of the institution, subject(s) studied and results obtained.

*If you have already **enrolled** in your course, please refer to the **Recognition of Prior Learning Policy** on the UTS College Website for further details.*
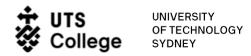
*If you are a **potential student** and not yet enrolled, please refer to the **Recognition of Prior Learning Policy** on the UTS College Website for further details. If you require further information, please contact the Admissions Department for assistance. Applicants also need to provide subject outlines showing the content of completedsubjects and a certificate of the award received.*

![UTS College - University of Technology Sydney]

UTS College Course: [ ]

Subjects for which exemption applied for:

UTS College Subject Code	Name of Subject	Name of Equivalent Subject	Supporting Documentation attached
			☐
			☐
			☐
			☐
			☐
			☐

Submit this form via Email to: admissions@utscollege.edu.au *Please ensure you have attached all your supporting documentation.*

OFFICE USE ONLY

Addmissions:

Date Application Received:

Date of Application compliant: Yes ☐   No ☐

Supporting Documentation Received: Yes ☐   No ☐

Initials:

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Education Services

Date received:

Precedent Register checked: Yes ☐   No ☐

Precedent Register:

No precedent found: ☐

Precedent case(s) found:
Case(s) for consideration: Case No. [   ]   Case No. [   ]   Case No. [   ]

Comments (if applicable):
[   ]

Education Services: Date: [   ]   Signed: [   ]
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Program Manager

Date of RPL application received: [   ]

Decision

Accepted: ☐   **Rejected:** ☐

Comments (if applicable):
[   ]

Program Manager: Date: [   ]   Signed: [   ]

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Education Services

Update Precedent Register (if applicable) ☐

Update StudentOne (if applicable) ☐

Admissions Department advised:

Initials: _____

Admissions Department

Date of RPL outcome received:

Studylink updated: ☐

Notification to Registrar: ☐

Student advised of Exemption: ☐

Admission Staff: Date: _____   Signed: _____

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Terms & Conditions

For students:

By submitting this form, I acknowledge and agree to the following.

a)   To the best of my knowledge, the information provided in this form is true and correct.

b)   I have read, understood and accept the conditions (if any) set out in the form.

c)   I am authorised to disclose the personal and sensitive information (as applicable) provided in this form and acknowledge that such information (including my own) will be collected, used, stored and disclosed in accordance with the UTS College privacy policy, available **here**.