

Recognition of Prior Learning Application

Email this form to:

- Prospective Student: dcjkt-admissions@deakin.edu.au

Applications for Recognition of Prior Learning are subject to the *Recognition of Prior Learning Policy*. Section 5 of this policy requires an application to be submitted in a student's first trimester of study by **no later than the official trimester finish date**. Applications after this date will not be accepted. The applicant should not enrol in the unit(s) for which Recognition of Prior Learning is sought. Recognition of Prior Learning will not be granted if the applicant has enrolled in that/those unit(s).

Please complete all sections

Deakin College Student ID: _____

Mr Ms
(Circle) (Family Name) (Given Names)

Mobile: _____

Email: _____

Deakin College Course: _____

I wish to apply for the Recognition of Prior Learning in the following unit(s):

Documentary evidence (original or certified copies of results and unit outlines) must be provided with this application. Recognition of Prior Learning cannot be awarded retrospectively.

*All Sections **must** be completed.*

Deakin College Unit Code	Deakin College Unit Name	Name of College or University where previous study was completed	Unit Name and Code of Previous Study	Approved Yes/No (Office Use Only)

Student Declaration:

I declare that the information and supporting documents provided by me in this application are true and correct in every particular. My signature below authorises my previous College or University listed overleaf to verify the documents provided by me to Deakin College and to provide Deakin College with any information that may be necessary for the processing of my application for Recognition of Prior Learning.

I understand that if I enrol in a unit for which Recognition of Prior Learning is granted, that Recognition of Prior Learning credit will not be applied to my record.

I acknowledge that the provision of incorrect information or the withholding of information relating to my application may result in the cancellation by Deakin College of any offer or enrolment.

Student Signature: _____ Date: _____

Please return this completed form to Deakin College by:

Mail: Deakin College At Deakin University, 221 Burwood Highway, Burwood VIC 3125 Australia

Email: See page 1 of this application

Office Use Only

Transcript of results attached with the application	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unit outlines attached with the application	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Application sent to Deakin University	Date: _____	
Prospective Student/Agent notified in writing of outcome of application (Note: if granted, prospective student will formally accept outcome in writing as part of the enrolment acceptance process)	Date: _____	
Enrolled Student notified in writing of outcome of application (Note: if granted, include return email address for student to formally accept outcome)	Date: _____	
Outcome letter placed on student file	Date: _____	
If granted, enrolled student written record of acceptance received*	Date: _____	
RPL credit(s) entered on Student Management System (Navigate)	Date: _____	
Deakin College CoE(s) updated	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Deakin University CoE updated	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adjustment of student fees: <input type="checkbox"/> Forfeit Fee Refund		
<input type="checkbox"/> Fees Transferred to Following Semester		
Comments: _____		

*Retain written record of acceptance of granted RPL for two years after the overseas student ceases to be an accepted student