**APL Application Form for accreditation of prior experiential learning (form 2)**

Before completing this form you should discuss your application with the relevant academic for your programme or the APL Assessor for your subject area. If you are unsure who this is, contact Admissions or Academic Registry. This form should only be used for applications based on previous experiential learning (eg work experience).

You should obtain details of the Learning Outcomes of the module(s) from which you are seeking exemption. Your experiential learning will need to be mapped against them.

**If you are seeking exemption from an entire Programme Level (Level 5 etc) on the grounds of credit obtained at another higher education provider (from previous study) you should complete the APL Entry with Advanced Standing application. If you are seeking exemption from a module or modules on the grounds of credit obtained at another higher education provider (from previous study) you should complete the APCL application form.**

# Applicant Information

|  |  |
| --- | --- |
| **Surname:** |  |
| **First name:** |  |
| **Bucks or UCAS ID:** |  |
| **Contact email address:** |  |

# Course details

|  |  |
| --- | --- |
| **Course title:** |  |
| **Proposed year of entry (Year 1, 2, 3 etc):** |  |
| **Academic Level (5, 6, 7):** |  |

# Application details

|  |  |
| --- | --- |
| **Total value of credits applied for:** |  |
| **Academic Level (4, 5, 6, 7) of credits applied for:** |  |

|  |
| --- |
| **Module exemptions requested:** |
|  **Module code** | **Module title** | **Level (4, 5, 6 or 7)** | **Credit value (15, 30, 60 etc)** |
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# Additional information (to be completed by the applicant)

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| --- |
| **Please explain why you are making this application and provide any other information that will support your application:** |
|  |

|  |
| --- |
| **Evidence supplied****List all of the evidence you have supplied. It is your responsibility to ensure that the evidence provided is relevant. Examples of appropriate evidence include transcripts from a previous institution, a portfolio documenting work experience. If you are unsure of what to provide please liaise with the academic supporting your application.**  |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |

# Mapping of module learning outcomes

You must complete a separate table mapping the learning outcomes for each module from which you are requesting an exemption with your experiential learning.

**Module 1**

|  |  |
| --- | --- |
| **Module Code & Title** |  |
| **Credit value** |  |
| **Academic Level** |  |
|  | **Learning outcome** | **Prior Learning claimed** | **Supporting evidence** |
| **Learning outcomes** | **1.****2.****3.****4.****5.** | **1.****2.****3.****4.****5.** | **1.****2.****3.****4.****5.** |
| **Reflection on the prior learning** |  |

**Module 2**

|  |  |
| --- | --- |
| **Module Code & Title** |  |
| **Credit value** |  |
| **Academic Level** |  |
|  | **Learning outcome** | **Prior Learning claimed** | **Supporting evidence** |
| **Learning outcomes** | **1.****2.****3.****4.****5.** | **1.****2.****3.****4.****5.** | **1.****2.****3.****4.****5.** |
| **Reflection on the prior learning** |  |

**Module 3**

|  |  |
| --- | --- |
| **Module Code & Title** |  |
| **Credit value** |  |
| **Academic Level** |  |
|  | **Learning outcome** | **Prior Learning claimed** | **Supporting evidence** |
| **Learning outcomes** | **1.****2.****3.****4.****5.** | **1.****2.****3.****4.****5.** | **1.****2.****3.****4.****5.** |
| **Reflection on the prior learning** |  |

**Module 4**

|  |  |
| --- | --- |
| **Module Code & Title** |  |
| **Credit value** |  |
| **Academic Level** |  |
|  | **Learning outcome** | **Prior Learning claimed** | **Supporting evidence** |
| **Learning outcomes** | **1.****2.****3.****4.****5.** | **1.****2.****3.****4.****5.** | **1.****2.****3.****4.****5.** |
| **Reflection on the prior learning** |  |

**I confirm that the information given above is accurate:**

|  |  |
| --- | --- |
| **Applicant (signature)** |  |
| **Date** |  |

**To be completed by Bucks New University:**

# Application Appraisal – to be completed by the APL Assessor for the School

|  |  |  |
| --- | --- | --- |
|  |  **YES (add comments if required)** |  **NO (please add comments explaining your recommendation)** |
| **APL Assessor Name** |  |
| **Do you recommend the APL Panel accept this application?** |  |  |
| **Have you seen evidence of the learning?** |  |  |
| **Date** |  |

# For Academic Registry:

|  |  |
| --- | --- |
| **Date received:** |  |
| **Date of Panel:**  |  |

# APL Panel application decision

|  |  |  |  |
| --- | --- | --- | --- |
| **Approved?** | **Yes** | **No (add comments if needed)** | **Panel date** |
|  |  |  |  |