**APL Application Form for accreditation of prior certificated learning (form 1)**

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 study at another higher education provider.

You will need to map the Module Learning Outcomes of the module(s) from which you are seeking exemption at Bucks against the Module Learning Outcomes of the module(s) you studied at your previous institution. It is your responsibility to obtain the Module Learning Outcomes from your previous institution.

**If you are seeking exemption from the entire Level of a programme and entry into year 2 or 3 of a programme you should not complete this form. You should complete the APL Application Form for Entry with Advanced Standing instead. If you are applying for module exemptions on the grounds of previous work experience you should complete the APEL Application Form instead.**

# 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)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Additional information (to be completed by the applicant)

|  |
| --- |
| **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 or a certificate from a previous institution. 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.

 It is strongly recommended that you seek guidance from an APL Assessor when completing this section of the form.

**Module 1**

|  |  |  |
| --- | --- | --- |
|  | **Bucks module from which exemption is sought** | **Module previously studied** |
| **Module Code & Title** |  |  |
| **Place completed** |  |  |
| **Date completed** |  |  |
| **Credit value** |  |  |
| **Academic Level** |  |  |
| **Module Aim** |  |  |
| **Learning outcomes** | **1.****2.****3.****4.****5.** | **1.****2.****3.****4.****5.** |
| **Comments** |  |  |

**Module 2**

|  |  |  |
| --- | --- | --- |
|  | **Bucks module from which exemption is sought** | **Module previously studied** |
| **Module Code & Title** |  |  |
| **Place completed** |  |  |
| **Date completed** |  |  |
| **Credit value** |  |  |
| **Academic Level** |  |  |
| **Module Aim** |  |  |
| **Learning outcomes** | **1.****2.****3.****4.****5.** | **1.****2.****3.****4.****5.** |
| **Comments** |  |  |

**Module 3**

|  |  |  |
| --- | --- | --- |
|  | **Bucks module from which exemption is sought** | **Module previously studied** |
| **Module Code & Title** |  |  |
| **Place completed** |  |  |
| **Date completed** |  |  |
| **Credit value** |  |  |
| **Academic Level** |  |  |
| **Module Aim** |  |  |
| **Learning outcomes** | **1.****2.****3.****4.****5.** | **1.****2.****3.****4.****5.** |
| **Comments** |  |  |

**Module 4**

|  |  |  |
| --- | --- | --- |
|  | **Bucks module from which exemption is sought** | **Module previously studied** |
| **Module Code & Title** |  |  |
| **Place completed** |  |  |
| **Date completed** |  |  |
| **Credit value** |  |  |
| **Academic Level** |  |  |
| **Module Aim** |  |  |
| **Learning outcomes** | **1.****2.****3.****4.****5.** | **1.****2.****3.****4.****5.** |
| **Comments** |  |  |

**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

You do not need to complete both of the tables below. You should complete the Declaration if the application meets the criteria for entry with advanced standing or specific APCL module exemptions stated in the course Programme Specification / Group Directive / Articulation Agreement and does not need additional consideration by the APL Panel.

If it does not meet this criteria, you should complete the Recommendation below before the application is referred to the APL Panel.

Applications that do not need additional approval by the APL Panel must still be reported to the APL Panel.

# APL Assessor Approval - where allowed to be given without further approval by the APL Panel

|  |  |
| --- | --- |
| **Declaration** | **I confirm that this application meets the criteria outlined in the Programme Specification / Articulation Agreement / Group Directive\* under which this application can be accepted without further approval by the APL Panel****\*please delete as appropriate** |
| **APL Assessor Name** |  |
| **Date** |  |

# APL Assessor Recommendation (for applications that must go to the APL Panel)

|  |  |  |
| --- | --- | --- |
|  |  **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 or reported to Panel?** | **Yes** | **No (add comments if needed)** | **Panel date** |
|  |  |  |  |