

Name .....	DOB: ____\____\____
Course enrolled: .....	Start Date: ____\____\____

Complete the following details of your Recognition of Prior Learning Request.		
<i>Unit Code</i>	<i>Unit Title</i>	<i>Summary of supporting evidence you will provide</i>

\*Please attach additional unit information if required

<b>Office Use Only</b>		
<b>Student Support Consultant</b>	Date received: ____\____\____	
	Name: .....	
	Signature: .....	
<b>Administration</b>	RPL Kit compiled and sent to student	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Trainer notified	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Training Plan correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Correct fees applied?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**NOTE: The completed document must be placed in the student's file.**