

**Recognition of Prior Learning (RPEL) Proposal Form**

Refer to the [RPEL guidance for students](https://www.cumbria.ac.uk/study/how-to-apply/accreditation-of-prior-learning-apl/applying-for-accreditation-of-prior-experiential-learning-apel/) and [RPL guidance for staff](https://unicumbriaac.sharepoint.com/sites/SAA/CorporateLibrary/Forms/AllItems.aspx) prior to completing this form.

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| **Section 1: Personal details**  **Please PRINT IN BLOCK CAPITALS** | |
| Last name: |  |
| First name: |  |
| Date of birth (DD/MM/YYYY): |  |
| Student ID: |  |
| Course: |  |
| Start Date: |  |
| Campus/Site: |  |

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| --- | --- |
| Contact telephone number |  |
| Email address |  |

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| **Section 2(i): Details of Application** | | | | | | |
| Number of credits sought: | | | |  | | |
| Academic level of credits sought: | | | |  | | |
| UoC module code(s) and title(s), if matching specific module(s): | | | | | | |
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| Please attach the relevant module learning outcomes to this form. Alternatively, if writing your own learning outcomes, attach these. | | | | | | |
| Method of Assessment: | |  | | | | |
| Date of Assessment/Deadline for submission of Portfolio: | | | | |  | |
| Supervisor: |  | | | | | |
| First Assessor: |  | | Second Assessor: | | |  |

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| **Section 2(ii): Outline of Experience** |
| Brief outline of the applicant’s relevant experience (to be completed by the applicant). This is the knowledge and learning on which you will be assessed, and which should provide evidence to match the learning outcomes noted. |
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| **Section 3(i): Applicant Signature** | | | |
| **I understand that in making this application, I am choosing not to undertake the equivalent taught module(s) as identified and cannot subsequently reverse this decision. I am aware that I will be charged for this RPEL application.** | | | |
| Signature |  | Date |  |

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| **Section 3(ii): Staff Declaration** | | | |
| **I hereby approve the proposal for the RPEL application as noted above. I will inform the RPL service of any subsequent alterations to this agreement, e.g. change of supervisor/assessor.** | | | |
| Signature |  | Date |  |

PLEASE RETURN THE COMPLETED FORM TO: [rpl@cumbria.ac.uk](mailto:rpl@cumbria.ac.uk) Tel: 01228 279320