

## RPL Application Form

APPLICANT DETAILS	
First Name	
Last Name	
Date of Birth	
Email	
Mobile Phone	
Address Line 1	
Address Line 2	
Course	
Course Start Date	
Student ID (if available)	

RPL ASSESSMENT			
Previous Studies*		AITC Units	
Unit Code	Unit Name	Unit Code	Unit Name

STUDENT DECLARATION	
<b>Please tick</b>	
<input type="checkbox"/>	I wish to apply for Recognition of Prior of Learning for the units listed in the table above.
<input type="checkbox"/>	I have attached a copy of the original transcript to support my RPL application.
<input type="checkbox"/>	I have provided relevant unit outlines to support my RPL application.
<input type="checkbox"/>	I declare that certified documentation supplied is legitimate, true and correct.
<input type="checkbox"/>	I understand that AITC is not responsible for researching any information or supporting evidence on my behalf.
<input type="checkbox"/>	I understand that misleading and/or false information is viewed as a major breach of ethical behaviour, and will lead to the rescinding of credit.
<p><i>Approval of RPL may lead to changes in course duration and fee structure resulting in a change of your CoE in PRISMS. By signing this form, you agree to the possible changes in your enrolment. Please refer to the Academic Credit and Recognition of Prior Learning (RPL) Policy for more information.</i></p> <p><i>If you are dissatisfied with the outcome of your RPL assessment, please refer to AITC's Student Grievance &amp; Mediation Policy (<a href="https://aitc.nsw.edu.au/">available on https://aitc.nsw.edu.au/</a>).</i></p>	
Signature:	Date:

**Australian Institute of Technology & Commerce Pty Ltd**

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OFFICE USE ONLY		
Received by		
Position		
Date received		
Assessed by		
Approved by		
Date approved		
Student Management System updated	<input type="checkbox"/> Yes	Date