

Recognition of Prior Learning Application – Certificate IV in University Foundation Studies



in association with



DEAKIN
UNIVERSITY AUSTRALIA

Applications for exemptions are subject to MIBT's policy *Recognition of Prior Learning*. Section 7 of this policy requires an application to be submitted in a student's first trimester of study by **no later than the official trimester finish date**. Applications after this date will not be accepted. The applicant should not enrol in the unit(s) for which exemptions are applied for. Exemptions will not be granted if the applicant has enrolled in that/those unit(s).

Please complete all sections

Mr / Ms / Mrs _____
(Family Name) (Given Names)

Address: _____

Telephone: _____ Mobile: _____

Email: _____

MIBT Course: _____ MIBT Student ID: _____

I wish to apply for Recognition of Prior Learning in the following units:

MIBT UNIT CODE	MIBT UNIT NAME

SUPPORT DETAILS

Formal Qualifications or Training

List any formal courses or training sessions you have attended. Please attach copies of course outlines and course details.

TITLE OF COURSE	DATES

This document is current as at 3/06/2010 at 11:55 AM.

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V4 - 06/10 DCNA00003

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Melbourne Institute of Business and Technology Pty Ltd
ABN No 11 074 633 668 ■ CRICOS Provider No 01590J

Informal Study Programs

List any training sessions you have attended. If possible, attach copies of Certificates, course outlines and content.

TITLE OF COURSE	DATES

Relevant Work Experience

List any relevant work experience you have performed. Give details of your employer including a phone number and contact name, as well as dates, duration of employment and main duties performed.

EMPLOYER DETAILS	POSITION	DUTIES	DATES

Relevant Life Experience

List any relevant community involvement, personal interest, hobbies or skills which may support your application. For example, involvement with a team, club, society, hobby group or school committee.

ACTIVITY/EXPERIENCE	DATES

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PERSONAL VERIFICATION

Please indicate name and contact address or phone number of a person or person who can substantiate your application.

The following people can verify my involvement and performance in the areas listed.

CONTACT NAME	TELEPHONE NUMBER

DECLARATION

I declare that the information and supporting documents provided by me in this application are true and correct in every particular. My signature below authorises my previous College, University, referee or employer listed above to verify the documents or information provided by me to MIBT and to provide MIBT with any information that may be necessary for the processing of my application for exemptions. I acknowledge that the provision of incorrect information or the withholding of information relating to my application may result in the cancellation by MIBT of any offer or enrolment.

Student Name: _____
(Family Name) (Given Names)

Signature: _____ Date: _____

I acknowledge that my application and interview for RPL was conducted on _____ by the Deputy Academic Director and I have been advised of and accept the outcome of my application.

Signature: _____ Date: _____

OFFICE USE ONLY

Application received by: _____ Date: _____	
All supporting documentation included with application:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Application referred to Deputy Academic Director by _____ on _____	
Interview with student conducted on _____	
Student notified of outcome of application	<input type="checkbox"/> Yes <input type="checkbox"/> No
RPL entered on MAZE	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adjustment of student fees: transfer fees to next semester	<input type="checkbox"/> Yes <input type="checkbox"/> No
Forfeit fee refund	<input type="checkbox"/> Yes <input type="checkbox"/> No
MIBT CoE(s) updated	Date: _____
Deakin CoE updated	Date: _____
Comments: _____	
