#

# **Accreditation of Prior Learning (APL) application form**

If you would like credit from a previous study to be taken into consideration for exemption from modules of a programme of study at Queen Mary University of London, please complete this application form in full.

Please refer to the ‘Accreditation of Prior Learning Policy’ when completing this form. <https://www.qmul.ac.uk/media/arcs/policyzone/Accreditation-of-Prior-Learning-Policy-September-2019.pdf>

**Please note:**

APL will not be granted for: a. dissertation or project modules; b. core modules that must be completed for accreditation purposes or recognition by professional statutory and regulatory bodies.

**Checklist:**

1. You will need to have made an online application at <https://www.qmul.ac.uk/> for your chosen programme before completing this APL form. You will need to provide your applicant ID number.
2. For any previous study you have included in the form for consideration, we will need certified copies of the academic transcript and final award certificate where applicable. We will also need information about the learning outcomes and module content. An example of this could be in the form of module descriptors or a course handbook.

## Section A: Personal Details

|  |  |
| --- | --- |
| Application ID Number |  |
| First Name/s |  |
| Surname |  |
| Email |  |
| Queen Mary programme applied to |  |
| Month and year of entry (e.g. Sep 2020/21): |  |
| Proposed year/stage of entry: |  |

## Section B: Details of Prior Learning

Please complete the relevant section box (or both if your claim is a combination of both types of prior learning)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Accreditation of Prior Certified Learning (APCL)** Certificated learning that has been accredited, formally recognised or certificated through a higher education institution or other higher education / training provider

|  |  |
| --- | --- |
| Name of institution |   |
| Qualification  |  |
| Course Title |  |
| Study Dates |  |
| Duration of Course/Study |  |
| Course Completed? |  |
| Reason if not completed |   |
| Date of Award |  |
| Mode of Study |  |
| Level of Study |  |

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| **Accreditation of Prior Experiential Learning** **(APEL)** - Experiential uncertificated learning that has been achieved through experience and/or training that has not been formally assessed

|  |  |  |  |
| --- | --- | --- | --- |
| Level of Study | Credit Value | Module Title | Year of Study |
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If you are seeking Accreditation of Prior Experiential Learning, you will need to attach a separate sheet with the following details:**If you wish your prior experience to be matched to a module or modules:**Please attach the learning outcomes of the module from which you are seeking exemption and indicate how your learning experience matches those learning outcomes.**If you wish your prior experience to be claimed as general credit:**Please attach your own learning outcomes which you intend to full fill with the assessment of your experiential learning.  |

## Accreditation of Prior Learning (APL) application form: Evaluation of claim (INTERNAL)

**Admissions Notes/Recommendations**

|  |
| --- |
| Notes/Comments |

To be completed by the receiving school or institute

|  |
| --- |
| Please **tick one of the following decision boxes** ✓ |
| **Unconditional** Approval for accreditationDetails on the credit to be recognised in the section below | **Further information required**\* please indicate below the outstanding condition(s) to be met | **Rejected**Please note the reason for rejection |
|  |  |  |

**Academic/supervisor supporting APL claim approval**

|  |  |
| --- | --- |
| Name |  |
| Role  |  |
| Signed |  |
| Date |  |

**Currency Assessment:**

|  |  |
| --- | --- |
| Has the recognised study occurred within the 5 years preceding the intended start date? |  |
| If it falls outside of 5 years please confirm how the applicant has evidenced maintenance of skills and knowledge in the subject area since completing the prior learning, including reference to the evidence of updating submitted by the applicant) |  |

**Details of prior learning to be accredited:**

|  |  |
| --- | --- |
| Awarding body of prior learning |  |
| Teaching Institution of prior learning (*if different to above*) |  |
| Title of the award or credit |  |
| Volume and level of the credit achieved from prior learning (in total) |  |
| Total volume and level of the credit to be recognised by Queen Mary from prior learning |  |
| Guidance on the accreditation/equivalency if relevant |  |
| Evidence used for the mapping |  |

**Mapping of accredited study**

One of the mapping tables must be completed (either by module or by learning outcome).

**Mapping of modules**

Please use the table below to show how modules from the previous programme of study map over to the relevant modules of the new programme that are to be accredited.

|  |  |
| --- | --- |
| *Programme Applied for at Queen Mary:* | *Details of Prior learning*  |
| Level | Credit Volume  | Module Code | Module Title | Title of Unit(s), Credit Volume, & Level |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Mapping of learning outcomes**

Please use the table below to show how the learning objectives from the previous programme of study map on to the learning objectives for the relevant modules of the new programme

|  |  |
| --- | --- |
| *Learning outcomes of programme applied for at Queen Mary* | *Learning outcomes from prior learning* |
|  |  |
|  |  |
|  |  |
|  |  |

**Details of study at Queen Mary:**

|  |  |
| --- | --- |
| Mode of study (full time, part time, variable) |  |
| Month and year of entry (e.g. Sept 2020/21) |  |
| Year/stage of entry |  |
| Programme code |  |
| Total number of years/semesters of study required to complete the award after APL taken into consideration |  |

**Dean for Education approval (final)**

|  |  |
| --- | --- |
| **Recommendation** | Accept/Reject |
| **Comments/Further Recommendations** |  |
| **Name** |  |
| **Signed** |  |
| **Date** |  |