

Recognition of Prior Learning Application - Foundation Studies and Diploma Programs

Applications for exemptions are subject to La Trobe College Australia's policy *Recognition of Prior Learning*. Section 6 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 subject(s) for which exemptions are applied for. Exemptions will not be granted if the applicant has enrolled in that/those subject(s).

Please complete all sections

Mr / Ms / Mrs

	(Family Name)	(Given Names)
Address:		
Telephone:		Mobile:
Email:		
LTCA Course:		LTCA Student ID:

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

LTCA SUBJECT CODE	LTCA SUBJECT 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



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

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 La Trobe College Australia and to provide La Trobe College Australia 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 La Trobe College Australia of any offer or enrolment.

(Family Name)	(Given Names)	
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