**THE UNIVERSITY OF SHEFFIELD**

**APPLICATION FOR THE RECOGNITION OF PRIOR LEARNING (RPL)** including RPEL (Recognition of Prior Experiential Learning - a process through which learning achieved outside education or training systems is assessed and, as appropriate, recognised for academic purposes, usually through the award of credit) **or** RPCL (Recognition of Prior Certificated Learning - a process, through which prior certificated learning which has **not** previously resulted in the award of university credits or qualifications positioned on the relevant HE qualifications framework is assessed and recognised by the University of Sheffield for academic purposes, usually through the award of credit. Prior Certificated Learning may include professional development or employment-related awards).

**SECTION ONE** **(to be completed by the student seeking exemption)**

**Part A: Personal Details**

Surname Forename(s):

Registration Number: Level: Postgraduate

Programme of Study:

**Part B: Exemption of Specific Module(s**)

Which modules do you wish to be exempted from for the above programme of study? Please give module code, module title and credits.

|  |  |  |
| --- | --- | --- |
| **Module Code** | **Module Title** | **No. of Credits** |
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**Part C: Recognition of PRIOR Certificated Learning**

Please give details below of qualifications/courses taken previously that you wish to be considered for exemption from the modules above (grades need to be included where applicable). Please also give the name, town and country of the organisation(s) at which these were obtained.

**Part D: Recognition of EXPERIENTIAL Learning**

If you are claiming exemption from modules on the basis of experiential learning relating to knowledge gained in the workplace, you will be expected to provide a statement from your employer giving details of your knowledge and experience. Please provide details of the type of work that supports your exemption from the modules listed in Part B. Please also include the name, town and country of the organisation(s) at which this experience was obtained. Review any programme specific guidance about this section if provided.

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Please note that we may need to contact your employer for verification of any application for approval of experiential learning.

Employer Name:

Employer Address:

If you are claiming exemption from modules on the basis of experiential learning relating to knowledge gained in a non-work situation, e.g. coverage of module content through working with a society, please provide a statement outlining this knowledge and experience and how you feel it is appropriate for exemption from the modules listed in Part B. Please also include the name, town and country of any associated organisations.

**PLEASE PROVIDE SEPARATELY FURTHER EVIDENCE, WHICH MAY BE A PORTFOLIO OF YOUR WORK THAT CAN BE ASSESSED BY THE DEPARTMENT’S RP(E)L ASSESSORS. IT IS IMPORTANT THAT YOU ARE AS THOROUGH AS POSSIBLE AND PROVIDE AN APPROPRIATE AMOUNT OF EVIDENCE TO SUPPORT YOUR CLAIM.**

**SECTION TWO (statement by the student seeking exemption)**

I certify that the above claim for RP(E)L credit does not include any elements which have previously been counted towards an award from this or another Institution.

Signed: Date:

**SECTION THREE (to be completed by a member of academic staff)**

1. Description of material considered:
2. Please tick the appropriate box to confirm whether the claim for exemption is

Accepted  or Rejected 

If the claim for exemption is rejected, please state below the reason(s) for this decision.

If the material is acceptable to the Department, please list the modules to be exempted by the RP(E)L claim.

|  |  |  |  |
| --- | --- | --- | --- |
| **Module Code** | **Module Title** | **Number of Credits** | **Level** |
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|  | **Total number of credits exempted:** |  |  |

**SECTION FOUR (Academic consideration)**

Under 3.5 of the University of Sheffield’s RPL guidance, the approval of an RPL claim may have financial implications for the return of a percentage of the student’s fees to the student. If financial implications are associated with this claim, please tick the box to indicate this.

1st Assessor’s name and position:

Signature:

Date:

2nd Assessor’s name and position:

Signature:

Date:

**ONCE THIS FORM IS COMPLETED, THE DEPARTMENT SHOULD RETAIN A COPY FOR ITS STUDENT RECORDS AND SEND THE ORIGINAL FORM TO THE RELEVANT FACULTY CONTACT IN THE**

**STUDENT ADMINISTRATION SERVICE.**

**SECTION FIVE (Faculty consideration)**

Approval of RPL claim authorised by the Faculty of

Staff Name:

Position:

Signature:

Date:

**If financial implications box checked in Section Four, notify the Student Fees Team**

Date notified: