

LIVERPOOL JOHN MOORES UNIVERSITY AP(E)L CLAIM FORM

SECTION A: STUDENT TO COMPLETE

Details of proposed study

Family name:		Given name(s):	
Target award/programme to which this claim applies:			
Location of study: (LJMU or partner institution)			
Correspondence Address: (To send notification of award)			
Postcode:	Tel:	LJMU Person No: (if known)	
Attendance: (please tick)	Full time/ Sandwich <input type="checkbox"/>	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>

CERTIFICATED PRIOR LEARNING / CREDIT TRANSFER

Previous study – Please list your qualifications, modules or details of your prior study that are **relevant** to your claim with dates, grades or marks and the name of the awarding institution. **If you wish to obtain credit for specific modules in a programme, please indicate, where possible, the module code(s) and title(s). Please also attach a photocopy of any relevant certificate or transcripts.** Please note that it will be necessary for a tutor to see your original certificates or to verify their authenticity at some point but **do not** attach originals to this form.

Qualification/modules: (This should be any awards you have completed and wish to be considered towards your claim)		
Awarding Body / University:		Grade/s:
Date/s Awarded:		
Modules / Level of Study: (This should be the LJMU credit that you wish your claim to be against)		

Any other information that you feel may be relevant to your claim for **certificated learning**:

DATE:

SIGNATURE OF STUDENT:

UNCERTIFICATED PRIOR LEARNING/ EXPERIENTIAL

If you wish to submit a claim for credit for un-certificated learning, briefly state below the areas of experience on which you intend to base your claim.

You will be assigned an academic adviser who will negotiate with you a plan for the identification of your learning, the preparation of supporting evidence and a strategy for its assessment. This will lead to a learning agreement which will be submitted for approval. Assessment may be by interview, portfolio, performance, project, written assignment or other method deemed appropriate.

Please give an outline of your **relevant experience** and how you feel it equates to the learning outcomes of the modules/level for which you are claiming APEL.

If you wish to obtain credit against specific LJMU modules please list, where possible, the module codes and titles below.

Modules / Level of Study: (This should be the LJMU credit that you wish your claim to be against)

DATE:

SIGNATURE OF STUDENT:

SECTION B: FOR COMPLETION BY A MEMBER OF THE PROGRAMME TEAM

RECOMMENDATION OF ADMISSIONS TUTOR OR ACADEMIC ASSESSOR

Please tick applicable

I confirm that I have seen original certification for the qualifications/modules submitted in support of this claim for credit transfer/prior learning and I support this application

OR

I confirm that I have assessed the evidence submitted in support of this claim for uncertificated experiential learning and I support this application.

(Copies of qualifications or further details of evidence e.g. mapping against level or module outcomes should be kept)

Please insert total number of credits claimed and supported at:

level 0	level 1	level 2	level 3	level M	level D

Supporting statement or additional comments:

SIGNED:

DATE:

PRINT NAME:

SCHOOL/CENTRE:

PLEASE RETURN THIS FORM TO THE SCHOOL AP(E)L COORDINATOR

SECTION C FOR OFFICIAL USE ONLY

CERTIFICATED prior learning (APL) awarded (**Credit Transfer**):

level 0	level 1	level 2	level 3	level M	level D

CERTIFICATED prior learning (APL) awarded (**LJMU credit**):

level 0	level 1	level 2	level 3	level M	level D

UNCERTIFICATED prior experiential learning (AP(E)L) awarded (**LJMU credit**):

level 0	level 1	level 2	level 3	level M	level D

AP(E)L Coordinator or
Admissions Tutor Signature:

Date:

F/SAC Chair Signature:

Date:

SECTION D FACULTY/ SCHOOL OFFICE USE ONLY

Students applying for credit for uncertificated prior learning:

No of Credit	Fee Due:	Method of Payment:	Cash <input type="checkbox"/>	Credit Card/ Cheque <input type="checkbox"/>	Both <input type="checkbox"/>

Faculty/School Administrative Officer Signature: