Melbourne Campus: Level 4, 123-129 Lonsdale Street Melbourne, Victoria 3000 Australia Hobart Campus: Level 4, 18 Elizabeth Street, Hobart Tasmania 7000 Australia

Ph: 1300 781 194 I E: Info@asoc.edu.au I W: www.asoc.edu.au

ABN: 87 160 483 447

A. STUDENT DETAILS

Student ID (If known):

Student Full name:

Date of Birth:



Application Form- Recognition of Prior Learning

Contact Phone:

lame:		
7		
urse Code:		
urse Name:		
Unit Name		Evidence attached (Y/N)
ON .		
O14		
	urse Code: urse Name: the competed details of evi	urse Code: urse Name: the competency units you are applying for Recognition details of evidence in Part D of this application to supp Unit Name

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	at the information and do	cumentation given is true 1.	and accurate	e and I have not
☐ I understan	d that if there are any cha	anges to the information p		
	ity Australian School of Co e liable for any additional	ommerce staff immediately costs incurred.	y and, in the	event, that I fail to do
Signature of the Student:		Date:		
Once complete, s	end this form apply@aso	c.edu.au It will be forward	ded to the Tr	aining Manager or
representative fo				
For Office use of	only			T
Received by:		Signature:		Date:
O Documents	Verified			
O Processed				
PendingContact she	et undsted			
O Others	ct upuateu			
Date:				
Dutc.				
D. EVIDENCE	idanaa farraah uuitta au	manage value and instinction. Th	امدا اماست	u de.
Please attach ev	idence for each unit to su	pport your application. Th	iis could iiici	uue:
 Certificates 	O Certificates/Statement of Results/ Attainment			
	vhich can be contacted			
· ·	line Including Performand			
O Examples o O Personal Re	f relevant work samples/	Portfolio		
O Position De				
You may be ask	ed to provide further info	rmation/evidence, attend	further inter	views complete
		demonstration of skills, w		
		e required to undertake so	ome or all of	these depending on the
evidence you pr	ovide, and the qualification	on being applied for.		
Unit Code	Unit Name			Evidence

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OFFICE USE ONLY:

E. RPL UNIT ASSESSMENT RECORD			
Student Full Name:			
Unit Code:			
Unit Name:			

ent

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RPL RESUL	T: □ Gr	anted		□ Not granted
Feedback (Given: □Ye	S	[□No
Assessor	Comments:			
Assessor	Name:			
Signature	:			
Date:				
ACCEPTA	NCE BY THE STUDENT			
□ I accept	and agree to the assessment	made to my application for F	RPL.	
Signature:				
For Admin use only				
Processed	l by:	Signature		Date:
□ Stu	dent Notified		□ Student	File Updated:
□ SM	S updated		□ Academ	ic File updated: