



**SOUTH EASTERN REGIONAL COLLEGE**

**APL Application Form**

|  |  |
|--|--|
| PART 1: PERSONAL INFORMATION   |  |
| Surname:   |  |
| Forename(s):   |  |
| Title:   |  |
| Date of Birth:   |  |
| <p>Contact Details</p> <p>Home Address:</p><br><br><p>Postcode:</p>                      |  |
| <p>Telephone Number(s)</p> <p>Home:</p> <p>Work:</p> <p>Mobile</p> <p>Email address:</p> |  |
| <p>Employer Name and Address:</p><br><br><br>  |  |

**PART 2: PROPOSED COURSE OF STUDY**

Programme title:

Mode of attendance:

Month and year of entry:

Please tick the level of APL for which you are applying:

|      |  |  |
|------|--|--|
| (i)  | Entry  |  |
| (ii) | Modules – please list the module(s) for which you are seeking exemption.<br>1.<br>2.<br>3.<br>4.<br>5.<br>6. |  |

**PART 3: OUTLINE OF APL CLAIM**

I enclose the following documentation:

|       |                       |  |
|-------|-----------------------|--|
| (i)   | APL Application Form  |  |
| (ii)  | Certificated Evidence |  |
| (iii) | Portfolio of Evidence |  |

Signature

Date:

**Please return this form and evidence to the APL Adviser**