



## *Recognition of Prior Learning*

# **Postgraduate Studies at Other Institutions**

*Please complete all applicable details.*

Students can gain credit for up to 50 percent of their degree through Recognition of Prior Learning (RPL). Complete this form to apply for credit for postgraduate studies undertaken at recognised tertiary institutions. For all other RPL applications complete the appropriate Professional Development Unit form.

### 1. Personal Information

TITLE (Mr/Mrs/Miss/Ms): \_\_\_\_\_ SURNAME: \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_ GIVEN NAME(S): \_\_\_\_\_

STREET: \_\_\_\_\_

SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

TELEPHONE: (W) \_\_\_\_\_ (H) \_\_\_\_\_

MOBILE: \_\_\_\_\_ FAX (W) \_\_\_\_\_

PERSONAL EMAIL: \_\_\_\_\_

### 2. Enrolment Status

I am already enrolled in an NICE course  
 (please tick one)

- Yes
- No. Please complete an NICE enrolment form and include with this application.

If "yes", please indicate which one:

- Bachelor of Education
- Graduate Diploma of Education
- Master of Education
- Master of Education (Leadership)



#### 4. Payment Details

Payment must accompany application. **RPL Fee per unit: \$100**

<input type="checkbox"/> Please find enclosed my Cheque/Money order <b>OR</b>
<input type="checkbox"/> Please debit my Mastercard / Visa ( <i>circle one</i> )
<b>AU\$</b> .....
Card Number:    _ _ _ _ /    _ _ _ _ /    _ _ _ _ /    _ _ _ _
Name on card: .....    Expiry date: .....
Cardholder's Signature: .....

#### 5. Final Checklist

- I have enclosed:**
- My payment by credit card or cheque
  - Certified copies of transcripts
  - Handbook extracts or other related documents

***I have completed this form and acknowledge that the information provided is accurate.***

**Date:** \_\_\_\_\_                      **Signature:** \_\_\_\_\_

Office use only		
Date paid: .....	Amt: .....	Invoice No.: .....
Paid by: .....		
Granted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Units: .....	
Approved by: .....	Signature: .....	
Date: ...../...../.....	Input: .....	