

RECOGNITION OF PRIOR LEARNING

The process of Recognition of Prior Learning enables students to seek exemption in a designated ASA Institute of Higher Education award course based on approved studies from other higher education institutions.

Applications for recognition of prior learning are reviewed by the Academic Dean or delegate and must be submitted at least two weeks prior to the start of the course to be considered for basis of admission or if currently studying, at least two weeks prior to the start of the next available quarter.

The total credit granted for prior learning external to ASA will not exceed 50% of the total credit points required for the award for which the credit is sought. Credit may be based on a mixture of formal study and work experience. However, no more than 25% credit will be granted for work experience. Work experience should be within the last five (5) years or reviewed on a case-by-case basis in extenuating circumstances.

Failure to provide true and correct supporting documentation and complete the required fields of this form may result in your application being delayed or refused.

For new or prospective students: return completed form and supporting documentation to admissions@asahe.edu.au
For current students: return completed form and supporting documentation to info@asahe.edu.au

Please refer to the <u>Recognition of Prior Learning Policy</u> and the <u>Recognition of Prior Learning Procedure</u>, for admissions-based applications please also refer to <u>Student Admissions Policy</u>.

Section 1: Personal Information

Stu	dent ID	Stude	nt Name				
Pho	ne	Email Address					
Course							
Section 2: Application Type							
	Basis for Admission		Credit Transfer/Advanced Standing				
Section 3: Basis of Recognition of Prior Learning							
	Formal study completed no more than 5 years prior to application or undertaking study at ASA		Seeking credit from completed units undertaken at ASA in another course of study				
	Work/Industry Experience		Short courses or professional development courses				



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Section 4: Unit Equivalence

Indicate in the below table the subjects in which you completed and the equivalent subjects at ASA in which you are seeking the review for recognition of prior learning

Unit Code	Unit Name	ASA equivalent Code	ASA equivalent Name	Date Completed

Section 5: Student Declaration

	I declare that, to the best of my knowledge, the	info	ormation provided in this application form and all		
	attachments is true and correct.				
	I understand that any incomplete information may le	ad t	to the return of my application, or I may be contacted		
	at any time regarding my application				
	I authorise ASA to make necessary enquiries in the a	ses	sment and verification of this application and to use		
	any information supplied in this application for that p	urp	ose.		
	I understand that this request for Assessment Review may result in a change to the result for this				
	assessment and overall unit outcome.				
	have read and understood the Assessment Review Policy and the Assessment Review Procedure				
Stuc	dent Signature	_	Date		