Application for Recognition of Prior Learning

Applicant Name:

Address:

Phone:

Email:

Program of Study: Please indicate The Career Academy Program which you are seeking credit.

Program Name/Code

Course Code and Name of The Career Academy course you are seeking credit for	Prior Learning – Paper Code and Title of equivalent courses you have passed and wish to have considered for academic credit towards the above program	Name of Institution	Name of Qualification	Evidence Provided

TCA Official Use Only	
Course code	**RPL Approved/Declined**