UCSE | UNIVERSITY CENTRE SOUTH ESSEX

TEF 2023 Silver

APL Application Form (2026-27)

If you need any support with the completion of this form please contact HE submissions

Partner Institution: South Essex College

Applicant Name:

Course Title:

Date:

Type of APL being applied for.		**Please Tick appropriate boxes below.**
APCL	☐	**Complete Section 1,2, 3 & 6 only**
APEL	☐	**Complete Section 4 & 6 only**
Credit Transfer	☐	**Complete section 5 & 6 only**

Section 1 - Accreditation of Prior Certificated Learning (APCL) – Uncredited Learning

Dates credits achieved		**Institution**	**Qualification Title and Level**	**Creditlevel** (Where appropriate)	**Total credits achieved** (where appropriate)
From	**To**				

Mapping of previous modules against modules for which exemption is requested.

Title of APCL Module	**Level**	**credits**	**Title of Modules for which exemption is requested**	**level**	**credits**

Section 2 - Accreditation of Prior Certificated Learning (APCL) Uncredited – Learning Outcomes Mapping

Mapping of previous modules learning outcomes against modules for which exemption is requested.

Module title	Learning outcomes of APCL Module	Module title	Learning outcomes of modules requesting exemption

(Please see the examples in the Appendix to this form for Section 2)

Section 3

Please confirm by ticking the box that you have supplied copies of the following documentation

- all relevant certificates: ☐
- formal Learning outcomes documentation from the previous institution: ☐
- Please confirm that the prior learning evidenced was taken within the last 5 years: ☐

If the prior learning was not taken within the last 5 years, what is the justification for accepting the currency of learning? (e.g. C.V. Personal Development Portfolio)

Section 4 – Only complete if requesting Accreditation of Prior Experiential Learning (APEL):

Please list the evidence supplied (e.g. portfolio. C.V. etc.)

Evidence / Experience	Module title	Learning outcomes requesting exemption for APEL

Section 5 - Credit Transfer

Please tick the boxes below to confirm you have provided the following evidence as part of this application.

- A certified copy of certificate(s) or parchments: ☐
- A syllabus: ☐
- Full Record of results achieved: ☐
- Academic reference from the institution ☐

Section 6 – Signature

Student Name	
Student Signature	
Date	

Section 6 – Outcome of APL Request (To be completed by Tutor only)

Please tick if APCL/APEL or Credit transfer has been approved

APCL ☐

APEL ☐

Credit Transfer ☐

(Assessor comments/recommendations)

Partner Institution APL Assessor: …….. **Date:** …….

Name: ……

Title: ……

Partner Institution Approval: …….. **Date:** …….

Name: ……

Title: ……

Open University Approval: …….. **Date:** …….

Name: ……