



## RECOGNITION OF PRIOR LEARNING FOR POSTGRADUATE STUDENTS RPL REQUEST FORM

BIOGRAPHICAL INFOR	RMATION
Surname	
Full names	
Title	
ID/Passport Number	
Date of Birth	
Gender	
Race	
Email Address	
Cellphone Number	
Address 1	
Postal Code	

ACADEMIC HISTORY				
Matric/ Grade 12 details				
Year when matric/Grade 12 certificate was obtained				
Country where matric/Grade 12 certificate was obtained				
Undergraduate details				
Undergraduate qualification obtained (e.g. BCom Accounting)				
Name of institution where undergraduate qualification was obtained				
Country where undergraduate qualification was obtained				
Provide the following information:  (a) To which programme (e.g. MEd Curriculum Studies) do you seek access, cre or advanced standing?  (b) Tick one of the following options:	dits			
I am requesting RPL:				
i) To gain access to the above mentioned programme				
ii) To obtain advanced standing in the above mentioned programme				
iii) To obtain credits for one or more modules in the above mentioned programme				
iv) Provide the names of the modules:				

(c) Complete the section below on your current/ previous work experience and write a paragraph to explain how it is relevant to the programme that you want to enrol for:

		NORK EXPERIEN	NCE)
Job Title	Period	Line Manager	List Job Task (in point form)
<b>)</b>			
Email address for Referee			
		WORK EXPERIEN	NCE)
Job Title	Period	Line Manager	List Job Task (In point form)
)			
Email address for Referee			
	r Referee  RK EXPERIENCE CH YOUR CV LIS Job Title	r Referee  RK EXPERIENCE CH YOUR CV LISTING FURTHER IN Job Title Period	RK EXPERIENCE CH YOUR CV LISTING FURTHER WORK EXPERIENT Job Title Period Line Manager

If you have already disc initials, surname and th	J lecturer, provide his/her title,	
Title:	 	
Initials:	 	
Surname:	 	
Faculty:	 	