

Application for Credit Transfer (RPL) or Prior Certified Learning (RPCL)

University of Nottingham Malaysia

|  |  |
| --- | --- |
| Full name: | Click here to enter text. |
| Nottingham ID Number: | Click here to enter text. |
| Telephone: | Click here to enter text. |
| Email address: | Click here to enter text. |
| Course applied for: | Click here to enter text. |
| Total number of credits you wishto be exempted from?See Policy on Credit Transfer (RPL) or Prior Certified Learning (RPCL) | Undergraduate | Postgraduate |
| Choose an item. | Choose an item. |

|  |  |
| --- | --- |
| **Institution:**(The full name of the educational or professional institution attended) | Click here to enter text. |
| **Qualification title:**(Please give the full title of the course/qualification even if not completed) | Click here to enter text. |
| **Dates of study**(must be within 10 years) | Start date: Click here to enter a date. | Finish date:Click here to enter a date. |
| **Awarding body:**(If different from the institution at which you studied)  | Click here to enter text. |

|  |
| --- |
| **In addition to the academic transcript which you will submit together with your study application, please attach the following:*** Marking scheme used at the institution above.
* Course syllabus or curriculum details of subjects studied at the institution above.
* For professional qualifications, please include a statement of the equivalence of any qualifications obtained.

**Modules or subject details. Please provide information under the ‘Applicant to complete’ section below.*** Subject/module names including subject codes, together with their credit values and marks.
* If the subjects/modules have yet to be completed, please leave the ‘Mark’ column blank.

*Please note:**The University of Nottingham Malaysia reserves the right to contact the institution named above for confirmation of the information that you have provided.* |
| **Applicant to complete**List of subjects/modules successfully completed. If the subjects/modules have yet to be completed, please leave the ‘Mark’ column blank. | **Admissions Office to complete** | **School to complete**List of corresponding UNM modules |
| Subject/Module Code and Name | Mark | Subject/Module Credits | UK Equivalent Credits | Module Code and Name | Module Credits | Credits Approved |
| Click here to enter text. | enter text. | enter text. | enter text. | Click here to enter text. | enter text. | enter text. |
| Click here to enter text. | enter text. | enter text. | enter text. | Click here to enter text. | enter text. | enter text. |
| Click here to enter text. | enter text. | enter text. | enter text. | Click here to enter text. | enter text. | enter text. |
| Click here to enter text. | enter text. | enter text. | enter text. | Click here to enter text. | enter text. | enter text. |
| Click here to enter text. | enter text. | enter text. | enter text. | Click here to enter text. | enter text. | enter text. |
| Click here to enter text. | enter text. | enter text. | enter text. | Click here to enter text. | enter text. | enter text. |
| Click here to enter text. | enter text. | enter text. | enter text. | Click here to enter text. | enter text. | enter text. |
| Click here to enter text. | enter text. | enter text. | enter text. | Click here to enter text. | enter text. | enter text. |
| Click here to enter text. | enter text. | enter text. | enter text. | Click here to enter text. | enter text. | enter text. |
| Click here to enter text. | enter text. | enter text. | enter text. | Click here to enter text. | enter text. | enter text. |
| Click here to enter text. | enter text. | enter text. | enter text. | Click here to enter text. | enter text. | enter text. |
| Click here to enter text. | enter text. | enter text. | enter text. | Click here to enter text. | enter text. | enter text. |
| Click here to enter text. | enter text. | enter text. | enter text. | Click here to enter text. | enter text. | enter text. |
| Click here to enter text. | enter text. | enter text. | enter text. | Click here to enter text. | enter text. | enter text. |

Please insert more rows as necessary

|  |  |  |
| --- | --- | --- |
| **Approval – School/Department to complete**  | Signature: | Date: Click here to enter a date. |
| Name:Click here to enter text. | School/Department:Click here to enter text. |