

Application for RVPL

Application for the recognition and validation of prior learning

STUDENT FILLS IN	
Name	Student number
Address	Post code and city
Email	Phone number
Degree programme and group	
STUDENT FILLS IN, INFORMATION OF THE STUDY UNIT APPLIED	
Learning outcomes of the study unit (from Appendix 1)	Code of study unit Scope
Compare your own skills and knowledge to the learning outcompare	omes.
Attach also a possible certificate, testimonial and/or the employer's conformation of the description and assessment of skills. The application and the attachments are submitted to the teacher in charge.	
I confirm that I have not used these same documents to apply for RVPL or credit transfer from the same degree before	
Date Student's signature	
STATEMENT OF THE TEACHER IN CHARGE The teacher will register the assessment to Peppi.	
Statement of the teacher in charge	
 Recognition and validation not possible, because Recognition and validation completed 	
Recognition and validation completed Oral demonstration of skills, grade (assessment on scale 0 – 5)	
 Written demonstration of skills, grade (assessment on scale 0 – 5) 	
○ Skills demonstration, grade(assessment on scale 0 – 5)	
 Practical training in Unit for Social Services and Health Care (completed, marked HYV) 	
Reasons:	
Date of statement Teacher's signature	

CLAIM OF RECTIFICATION

The student can apply for the rectification in accordance with the Degree Regulations. The teacher will archive the application for a year.