

## APPLICATION FOR RECOGNITION OF FORMAL PRIOR LEARNING

PERSONAL DETAILS			
<b>Given Name(s)</b>		<b>Family Name</b>	
<b>Student ID Number</b>		<b>Date of Birth</b>	DD / MM / YYYY
<b>Phone</b>		<b>Email</b>	

Programme of Study – Please indicate the ATMC NZ programme/qualification for which you are seeking credit.		
<b>Programme Code</b>		<b>Name of Programme/Qualification</b>

Unit Code and Title of the ATMC NZ unit you are seeking credit for	Code and equivalent course passed	Grade (e.g. B+)	Year course passed	Name of Institution	Name of Qualification

Student Declaration			
<input type="checkbox"/>	I have attached certified copy of my academic results		
<input type="checkbox"/>	I have attached a description of all courses completed (including outcomes, level and hours)		
<input type="checkbox"/>	I understand that there must be a substantial content overlap (at least 80%) between the course I have studied and that for which ATMZ NZ course I am applying.		
<input type="checkbox"/>	I have made a payment of NZ\$200 administration fee (for credit from non-ATMC NZ qualifications only, non-refundable)		
<i>I declare all the information supplied on this form and any attached information to be true and complete. I acknowledge that ATMC NZ may decline my credit recognition and transfer application if false information is supplied. I understand that this application is subject to the academic regulations as specified in the current ATMC NZ Academic Calendar.</i>			
<b>Student Signature</b>		<b>Date</b>	DD / MM / YYYY

Office Use Only						
ATMC NZ Unit Code	ATMC NZ Unit Description	Credit	Level	Evidence provided (Yes/No)	Code and equivalent course(s) passed	Approved/Declined (with reasons)

<b>Name of Assessor</b>		<b>Position of Assessor</b>	
<b>Signature of Assessor</b>		<b>Date of Assessment</b>	DD / MM / YYYY
<b>Signature of Academic Board Member 1</b>		<b>Date of Approval by Academic Board Member 1</b>	
<b>Signature of Academic Board Member 2</b>		<b>Date of Approval by Academic Board Member 2</b>	