



APPENDIX D

Application Form for Exemption from Module(s)

| | | | |
|-------------------------|--|-----------------------|--|
| Name | | | |
| Postal Address | | | |
| Date of Birth | | Student ID | |
| Programme Code (Banner) | | Academic Year / Stage | |
| Programme Code (Banner) | | | |
| Programme Title | | | |

SETU Carlow is prepared to consider granting an exemption from the assessment process for specific module(s) to applicants who have successfully achieved the required learning outcomes through previous qualifications or prior learning.

*Applicants must provide a fee of €____, along with appropriate evidence of prior learning, which will be considered by the relevant Head of Department.

**All Application Forms for Exemption and all accompanying shall be received on or before _____

Please note that exemptions granted in the award year of any programme may result in an unclassified award.

I declare that the information given by me on this form is true and accurate and I hereby authorise IT Carlow to contact the relevant authority for each subject listed as part of the assessment process.

Applicant's Signature: _____ **Date:** _____

| Year / Stage | Module Title | Banner Module Code (CRN Number) | Head of Department | |
|--------------|--------------|---------------------------------|--------------------|---------------------|
| | | | Signature | Granted Not Granted |
| | | | | |
| | | | | |
| | | | | |

Comments: _____

SETU Carlow is committed to protecting the rights and privacy of individuals with respect to the processing of their personal data. A copy of the Institute's Privacy notice is available on the Institute's website (<https://www.itcarlow.ie/resources/data-protection.htm>). This website also contains further information relating to your rights regarding subject access requests, records retention and data protection in general. Any further queries in relation to the GDPR can be addressed to the Institute's Data Protection Oversight Group (e-mail: gdp@itcarlow.ie)

Policy for the Recognition of Prior Learning – Appendix D

Exemptions or otherwise as indicated above have been:

Approved / Not Approved by: _____
Head of Faculty/Campus

Date: _____

Approved / Not Approved by: _____

Vice President for Academic Affairs & Registrar

Date: _____

For Office Use Only – Exams / Admissions Timeline Checks

Date Applicant informed of decision _____ Copy sent to Applicant: _____
Copy to Files: _____ Fees Assessed: _____ Recorded on Banner: _____

ANNEX A



DATE RECEIVED

Uncertified learning Application Form

APPLICATION PROCEDURE:

This Application Form to be used by applicants who wish to apply for a stage exemption based on uncertified prior learning or when certified learning is deemed to be outside the five year valid time limit since graduation

CLOSING DATE FOR APPLICATIONS: _____

Completed application forms to be returned to: _____

Admissions Office, SETU Carlow, Kilkenny Road, Carlow

Admissions Tel. No.:

Fax No.:

Email: admissions.cw@setu.ie

Website: www.setu.ie

Personal Information

FAMILY NAME:

FIRST NAME:

DATE OF BIRTH:

APPLICANT LEARNER NUMBER

NATIONALITY:

GENDER:

HOME ADDRESS:

NEXT OF KIN:

MOBILE NUMBER:

E- MAIL ADDRESS:

| PROGRAMME CHOICE | | | | | | | | | | | |
|-------------------------|------------------------|--|--|--|--|--|----|--|----|--|----|
| PROGRAMME CODE | PROGRAMME TITLE | | | | YEAR OF ENTRY (tick appropriate ear) | | | | | | |
| 1. | | | | | Y1 | | Y2 | | Y3 | | Y4 |

| ACADEMIC RECORD | | | |
|---------------------------|---------------------------|--------------------------|---|
| INSTITUTE ATTENDED | PROGRAMME(S) TAKEN | DATES (From / To) | FINAL RESULTS IF KNOWN (indicate Summer / Autumn) |
| | | | |
| | | | |
| | | | |
| | | | |

Copies of qualification transcripts to be attached to this application
 If you have not yet obtained your exam results, then they need to be forwarded to the Admissions Office, SETU Carlow, Kilkenny Road, Carlow as soon as you receive them as failure to do so may delay the application process.

| OTHER TRAINING* | | |
|------------------------|--------------------------|--------------------------|
| PROGRAMME | BRIEF DESCRIPTION | DATES (From / To) |
| | | |
| | | |
| | | |
| | | |

* Industry in-house or informal training or continuous professional development (CPD) – certification to be provided

| RELEVANT WORK EXPERIENCE | | |
|---------------------------------|----------------------------|--------------------------|
| COMPANY | DESCRIPTION OF ROLE | DATES (From / To) |
| | | |
| | | |

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| | |
|---|----------------------------------|
| FOR OFFICE USE ONLY | |
| TRANSCRIPT ENCLOSED _____ | PLACE OFFERED ON PROGRAMME _____ |
| RESULTS _____ | CW _____ |
| AVERAGE MARK _____ | YEAR _____ |
| SIGNED _____ | DATE _____ |
| HEAD OF DEPARTMENT | |
| SIGNED _____ | DATE _____ |
| HEAD OF FACULTY/CAMPUS | |
| SIGNED _____ | DATE _____ |
| VICE PRESIDENT FOR ACADEMIC AFFAIRS & REGISTRAR | |

| | |
|------------------------------------|-----------------|
| RELEVANT REFERENCES | |
| REFEREE NO. 1: NAME _____ | POSITION: _____ |
| REFERENCE ATTACHED: YES / NO _____ | |
| REFEREE NO. 2: NAME _____ | POSITION: _____ |
| REFERENCE ATTACHED: YES / NO _____ | |

RPL to Learning Outcomes Submission

This annex will only be completed if requested by the Head of Department/ Faculty/Campus

Introduction. The aim of this annex is to match the work experience of the candidate to the specified Learning Outcomes of the stage(s) or module(s) that the candidate is seeking an exemption for.

It is vital that detailed comprehensive statements are made against each of the learning outcomes specified.

FOR OFFICE USE ONLY Application Strengths:

Application Weaknesses:

Grade (out of 100):

NB: CUT AND PASTE AS NECESSARY to include all relevant learning outcomes