APPENDIX – APEL ASSESSMENT FORM

COURSE		
NAME		
STUDENT NUMBER (IF APPLICABLE)		
LEVEL/ MODULE(S) CLAIMED FOR APEL	**ASSESSMENT**	
	PASS	**FAIL**
ASSESSMENT BRIEF COVERING THE LEARNING OUTCOMES OF THE LEVEL/MODULE(S): TO BE WRITTEN BY THE COURSE LEADER/ NOMINEE AND APPROVED BY THE RELEVANT FACULTY		
DATE ASSESSMENT DUE:		
DOES THE ASSESSMENT SUBMITTED MEET THE LEARNING OUTCOMES OF THE LEVEL/ MODULES CLAIMED? COURSE LEADER (OR NOMINEE) TO TICK APPROPRIATE BOXES ABOVE AND SIGN BELOW: _____ **(ANY MODULE NOT PASSED IN THE ASSESSMENT WILL HAVE TO BE TAKEN IN FULL BY THE STUDENT)**		