# BRITTANY Université

## APPLICATION FOR ACADEMIC CREDIT EXEMPTIONS

**PART A** (Personal Details) - to be completed by the applicant (please complete in block capitals)

Student Name: _____

IC / Passport No: _____Date of Birth: _____

Address : _____

_____

Contact No: _____ Email Add: _____

Programme Name :_____

Programme Intake : _____

**PART B** (APL Claim for Individual Modules) - to be completed by the applicant (please complete in block capitals)
All applications must be supported by relevant documents such as transcripts, certificates, CVs etc

| Module Title | ✓ | APCL Evidence (Qualification and Year Awarded) | APEL Evidence | Specific Credits Approved (for academic Use Only) | |
|---|---|---|---|---|---|
| | | | | Yes (Initial) | No (Initial) |
| **Core Modules:** | | | | | |
| 1. | ☐ | | | | |
| 2. | ☐ | | | | |
| 3. | ☐ | | | | |
| 4. | ☐ | | | | |
| 5. | ☐ | | | | |
| 6. | ☐ | | | | |
| 7. | ☐ | | | | |
| **Elective Modules:** | | | | | |
| 1. | ☐ | | | | |
| 2. | ☐ | | | | |
| 3. | ☐ | | | | |
| 4. | ☐ | | | | |
| 5. | ☐ | | | | |
| 6. | ☐ | | | | |
| 7. | ☐ | | | | |

APPLICATION FOR ACADEMIC CREDIT EXEMPTIONS
International Office: 11 Regent Gate, No: 83 High Street, Waltham Cross, Hertfordshire EN8 7AF, United Kingdom
Tel: +44[0] 1992 711 963    Email: enquiry@brittanyuniversite.fr    Website: brittanyuniversite.fr

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**PART C** (Assessment) - to be completed by the academic assessor(s)

**Academic comments i.e. reason for approval / rejection**

Academic Assessor's Signature: _____

Academic Assessor's Name: _____    Date : _____

*Please return this form to the Programme Leader*

**PART D** (Authorisation / Assessment in case of APEL claims) - to be completed by the Programme Leader

Programme Leader's Signature:_____

Programme Leader's Name:_____Date :_____

**PART E** - to be completed by the Programme Manager

Signature: _____    Date Received: _____

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