Wilmington Metropolitan University

APPLICATION FORM – Recognition of Prior Learning

PROGRAM (Name of the program: _____

PROGRAM LEVEL (Please tick one only. Kindly refer to the website for level selection).

□ Diploma □ Bachelors □ Masters □ Doctorate

PERSONAL INFORMATION (Please write in **CAPITAL LETTERS** and **Black Ink**)

Name

Title (please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss

Nationality

Birth Date Date Mth Year **NRIC / Passport #**

Home Address

Cellular Phone # **Home**

Email Address (In small letters)

EMPLOYMENT HISTORY

Name of Employer	Job Title	Employment (Month & Year)
		From: To:
		From: To:

ACADEMIC QUALIFICATIONS

Issuing Body	Academic Attainment	Study Period (Months)	Year of Attainment

For verification purpose, please submit your original documents from the higher academic institution(s) including course details, academic transcript(s), and certificate(s) you have completed.

PROFESSIONAL CERTIFICATIONS

Issuing Body	Obtained Qualification	Study Period (Months)	Year of Attainment

Remarks: If there is insufficient space, please provide details on a separate sheet of paper to be attached to the application form

REFERENCE

Please write one reference (person or organization).

Name: _____ Email:_____

DECLARATION

Applicant's Declaration
I solemnly declare the following statements:

Have understood the program information provided by the Associate Center.

Information written on this Application Form is correct and complete.

Acknowledge and accept the provision of incorrect information will result in the termination of the said program without any refund of the paid program fees whatsoever.

Signature: _____ Date: _____

Office Use

Received Date_____ By_____

□ Accept □ Reject By_____

Learning Associate_____

Program Commencement Date_____