



DALARNA
UNIVERSITY

Application for Assessment of Prior Experience (Learning)

This application form applies to Dalarna University

Surname, First name

Civil Registration Number

This application is for the following term: autumn spring summer year

Have you previously applied for Assessment of prior learning

Yes No

In previous applications to university, my prior experience as qualified me for studies.

Yes No

If yes, which university or which programme/course were you deemed qualified?

Which term?

If yes, enclose supporting documentation.

State the programme/s and eligibility requirements this Application for Assessment of Prior learning refers to

Programme code

University

Programme/Course

Entry requirements for which I am applying for assessment of prior learning

General entry requirements

Specific entry requirements: state which

Attachment n r

My Application for Assessment of Prior learning is for more than 2 application choices; therefore, I have used two application forms.

Total number of pages included (do not count this form two-sided)

Date

Signature

You must now upload the form to univeristyadmissions.se, My Pages. If you are unable to upload the form, then send by regular post with all attachments (documentation) to:

University Admissions in Sweden

FE 20101

SE-839 87 Östersund

Sweden