

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:autumnspringsummer | 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 Pr | ior learning refers to |
| Programme code University Programme/Course | se |
| | |
| 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 used two application forms. | s; therefore, I have |
| otal 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 un upload the form, then send by regular post with all attachments (documentation) Jniversity Admissions in Sweden EE 20101 SE-839 87 Östersund Sweden | |