

School of Advanced Manufacturing and Mechanical Engineering

RECOGNITION OF PRIOR PRACTICAL EXPERIENCE

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|--------------------------------|-----------------------|----------------------|
| TO BE COMPLETED BY THE STUDENT | | |
| Student ID Number | Title (please circle) | Mr / Mrs / Miss / Ms |
| Given Names | Family Name | |
| Full Name of Program | | |

I believe I have obtained prior appropriate experience of at least two years in a relevant engineering environment. In order to verify this claim, I have attached the following documents for assessment by the Industry Experience Coordinator:

- Current curriculum vitae or resume, containing details of at least two referees
- Reference reports from past employers
- Reference reports regarding prior voluntary work
- Diplomas, certificates or other tertiary awards
- Training certificates or awards
- Other (please specify)

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Signed

Contact phone/email

| | |
|---|------------|
| OFFICE USE ONLY | |
| Recommendation from Industry Experience Coordinator | |
| <input type="checkbox"/> The Student's submission for recognition of prior experience has been assessed and has been deemed to be at an appropriate level to receive standing for 12 weeks industry experience | |
| OR | |
| <input type="checkbox"/> The Student's submission for recognition of prior experience has been assessed. The Student has been deemed to have experience equivalent to ___ weeks and will be required to undertake a further ___ weeks of experience | |
| Signature | Date |