



APEL.A COUNSELLING FORM

PART A: PERSONAL PARTICULARS

Name of Applicant	
Identity Card No./ Passport No./ National ID No.	
Contact No.	
Email Address	
Name of Programme (if any)	
Course Code & Course Name (if any)	

PART B: ITEM CHECKLIST

The following activities/processes have been conducted:

No.	Action	Please Tick (√)
1	Explain the APEL.A process, pre-assessment, assessment, and fees involved	
2	The applicant qualifies and proceeds with APEL.A application	
3	Guide the applicant on how to complete APEL.A Application Form	
4	The Counsellor provides/emails APEL.A Learner's Handbook for the applicant	
Comment:		

(Please attach additional sheets if required)

<p>Confirmation by the Counsellor: I hereby confirm that the above applicant has been advised on APEL.A process and procedures.</p> <p>Signature:</p> <p>Name of Counsellor:</p> <p>Date:</p>	<p>Confirmation by the Applicant: I hereby confirm that I have been advised by the named officer on the matters and accept the process and procedures of APEL.A of City University.</p> <p>Signature:</p> <p>Name of Applicant:</p> <p>Date:</p>
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