



APPLICATION FOR CERTIFICATE OF EXPERIENTIAL LEARNING

Part A: Applicant's Details

Name:

Date of birth:

Postal Address:

Mobile No:

Email:

Part B: Academic Qualifications (attach certified copies of all relevant academic qualifications)

- (i) 'O' Level:
- (ii) Other qualifications:

Part C: Professional Qualifications

Course	Year Enrolled	Completed	Incomplete

The following documents **MUST** be attached to this application –

- (i) National ID
- (ii) Certified copies of academic certificates
- (iii) Copies of professional certificates
- (iv) Course syllabus
- (v) Recommendations from current (or most recent) employer
- (vi) Contact information of three referees

Note: An application is not complete until the applicant submits all required supporting documentation and payment of the application fees prescribed in the Second Schedule of the Legal Education (Accreditation and Quality Assurance) Regulations, 2016.

Declaration

I declare that to the best of my knowledge, the information I have supplied is complete and correct. I authorize the Council of Legal Education to conduct a search and retrieval of my academic and professional records from my previous institutions to verify the information contained in my application.

Applicant's signature:

Date: