



PRIOR LEARNING ASSESSMENT AND RECOGNITION (PLAR) APPLICATION

A separate application form MUST be submitted for each course challenged. There is no assessment fee required, however to apply for PLAR students must be enrolled in a College Program. PLAR applications are not processed for General Studies.

Note: All challenge applications must be received by the Student Services Office no later than ONE (1) WEEK after the start date of the semester.

Student's Name: _____ Student Number: _____

E-mail Address: _____

Address: _____
Mailing Address Town/Prov Postal Code

Telephone: _____ (h) _____ (w)

Course Challenged: _____ Course #: _____

Currently enrolled in _____ Program

at _____ campus Start Date: _____

Campus Location:

- | | |
|--|--|
| <input type="checkbox"/> Baie Verte | <input type="checkbox"/> Grand Falls-Windsor |
| <input type="checkbox"/> Bay St. George / Port aux Basques | <input type="checkbox"/> Gander |
| <input type="checkbox"/> Burin | <input type="checkbox"/> Happy Valley – Goose Bay |
| <input type="checkbox"/> Carbonear / Placentia | <input type="checkbox"/> Labrador West |
| <input type="checkbox"/> Clarenville / Bonavista | <input type="checkbox"/> St. John's (includes Seal Cove) |
| <input type="checkbox"/> Corner Brook / St. Anthony | <input type="checkbox"/> Distributed Learning Service |

What activities and/or experiences have resulted in the equivalent learning for the above course?

Employment Experience: List details

_____ When? _____

Employment Experience: List details

_____ When? _____

Employment Experience: List details

_____ When? _____

Include all transcripts for courses completed and detailed course outlines with this application. This information will assist the faculty assessor in determining whether the learning is equivalent to the College course. Please call the Student Services office in your area for more details on Prior Learning Assessment & Recognition and to obtain a detailed brochure on PLAR.

My signature below indicates that all of the above information is accurate and I take full responsibility for providing all such information.

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). Student Services is collecting your personal information to process your request and to update your academic record. It will only be used for this purpose. Personal information you provide may be disclosed to faculty and/or Admissions staff. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the College's Registrar at 709-643-0827. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.

I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY	
Date Received: _____	Date Processed: _____
Received by: _____	Processed by: _____