



NORTHERN COLLEGE

REQUEST FOR ADVANCED STANDING – PRIOR LEARNING ASSESSMENT RECOGNITION

Student Name: _____ Student Number: _____
 Address: _____ Phone #: (_____) _____
 E-mail: _____ Campus: _____

PRIOR LEARNING ASSESSMENT RECOGNITION APPLICATION

(To be completed by the Student)

Knowledge and skills gained through life experiences may be assessed for credit through the process of PLAR. Assessment may take form of written portfolios, demonstrations, testimonials, tests, projects, etc. To apply:

- Complete the Request for Advanced Standing (Prior Learning Assessment Recognition) form and submit it to Services Office at your campus Use only one form for each PLAR you are requesting
- Pay required Prior Learning Assessment Recognition fees to the Student Services Office
- Student Services will then direct the student to the College designated PLAR staff member
- Credit obtained through PLAR will be recorded as "CR" on the student's transcript and will not be factored into the GPA

I hereby apply for advanced standing in the following Northern College course (**ONE form per course request**):

Course Name: _____ Course Code: _____

Program : _____ Program Code: _____

I have read and understand the details about the Prior Learning Assessment Application. Official transcripts, detailed course outlines and/or other required documentation are attached to this application.

Student Signature: _____ Date Submitted: _____

NOTE: The Request for Prior Learning Assessment Recognition Form must be submitted by the student by date stated in Academic Calendar. Fully completed forms along must be received in the Registrar's Office within three weeks of that date.

PRIOR LEARNING ASSESSMENT EVALUATION

(College Use Only)

PAYMENT *(to be completed by Student Services staff)*

Payment Received: \$ _____ Staff Signature: _____ Date: _____

PRIOR LEARNING ASSESSMENT DETAILS AND RESULTS *(to be completed by Program Coordinator or designate)*

Portfolio Documentation Complete: Yes Portfolio Assessment: Approved ('CR' will be recorded on transcript)
 No Not Approved

Faculty (if necessary): _____ Date: _____ Department: _____

Coordinator: _____ Date: _____ Department: _____

(Forward signed form to pathways@northern.on.ca; Program Coordinator to inform student)

TRANSCRIPTING (to be completed by Registrar's Office)

Transcribed by: _____

Date: _____