

Evaluation of Prior Learning Assessment and Recognition
(To be completed by Faculty Assessor)

Student Last name: _____ First Name: _____

TRU Student ID #

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Name of Course: _____

Name of Faculty Assessor: _____

PLAR Assessment Methods Used

Challenge exam, Portfolio, Oral Interview, Skills Demonstration, Other?

Comments:

PLAR credit granted? YES NO

If YES, total credits granted for course: _____

Faculty signature: _____

Date granted: _____

Send completed form to Office of the Registrar, OM 1155.
