

Request for Prior Learning Assessment and Recognition

(To be completed by the Student and signed by Faculty Assessor)

Student Last name: _____ First Name: _____

TRU Student ID #

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Address: _____

City: _____ Postal Code: _____

Email Address: _____ Phone #: _____

Currently Enrolled at TRU? YES NO

If YES, enrolled in what program/degree? _____

PLAR Credit to be applied to what program/degree? _____

Course Requested: _____ Course Credit: _____

Name of Faculty Assessor: _____

Date of Meeting: _____

Faculty signature: _____

Student signature: _____ Date submitted: _____

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

TRU reserves the right to deny PLA credit according to established policies.
PLA fee does not permit student to register for a conventional course of instruction.