



THOMPSON RIVERS UNIVERSITY

OPEN LEARNING

Campus Request for Prior Learning Assessment and Recognition (PLAR)

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

Student Last Name: _____ First Name: _____

TRU Student ID#: _____

Address: _____

City: _____ Postal Code: _____

Email Address: _____ Phone #: _____

Currently Enrolled in a program (certificate, diploma, or degree) at TRU? YES NO

If YES, what is the name of the program that the potential PLAR credits would be applied to?

Course Requested for Challenge: _____

Course Credit Amount: _____ (E.g. 3 credits)

Name of Faculty Assessor: _____

Date of Meeting: _____

DD-MM-YYYY

Faculty Signature: _____

Student Signature: _____ Date Submitted: _____

DD-MM-YYYY

Send completed form to:

TRU-PLAR Dept., 4th Floor, BCCOL
805 TRU Way
Kamloops, BC V2C 0C8

Or scan and email to: PLAR@tru.ca

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