



# THOMPSON RIVERS UNIVERSITY

## OPEN LEARNING

### **Campus Evaluation of Prior Learning Assessment and Recognition (PLAR)**

(To be completed by Faculty Assessor)

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

TRU Student ID#: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Name of Faculty Assessor: \_\_\_\_\_

**PLAR Assessment Method(s) Used:**

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

Please provide a detailed explanation of your decision, including reference to the course learning outcomes:

PLAR credit granted?     Yes     No

If Yes, total credits granted for course: \_\_\_\_\_

Faculty signature: \_\_\_\_\_

Date Granted: \_\_\_\_\_

DD-MM-YYYY

Send completed form to:

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

Or scan and email to: [PLAR@tru.ca](mailto:PLAR@tru.ca)