



PLAR Application Form 2021

Prior Learning Assessment and Recognition
School of Business & Information Technology

LEAN Pilot (Corner Brook, Distributed Learning and Prince Philip Drive Campuses)

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|--|---------------------|---|--------|------------------|
| <ul style="list-style-type: none"> • There are no assessment fees required • To apply for a PLAR, students must be enrolled in a College program • High school courses cannot be used for PLAR | | All PLAR applications must be received by the Student Services Office no later than ONE (1) calendar week after the start of the semester , as outlined in the College calendar. | | |
| Student's Name | | Student Number | | Telephone Number |
| CNA Email Address | | | | |
| CNA Program of Study | | Year 1 | Year 2 | Year 3 |
| Campus Location | Bay St. George | Happy Valley - Goose Bay | | |
| | Burin | Labrador West | | |
| | Carbonear | Port Aux Basques | | |
| | Clarenville | St. Anthony | | |
| | Corner Brook | St. John's (PPD) | | |
| | Grand Falls-Windsor | Distributed Learning Service | | |
| PLAR Request for: | | | | |
| Course (i.e. MC1242, CM1400) | | Work Exposure or Work Term (i.e. OJ1550, WC1155, WT1185) | | |
| NOTE: A separate application must be submitted for each course challenged | | | | |
| Refer to the following page for a checklist of documents required to process your PLAR application | | | | |
| <p>This information will assist the faculty assessor in determining whether the learning is equivalent to the College course or work exposure. Please contact the Student Services office at your campus for more details on Prior Learning Assessment & Recognition.</p> <p>My signature below indicates that all the above information is accurate, and I take full responsibility for providing all such information.</p> | | | | |
| <p><i>College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). Student Services is collecting your personal information to process your request and to update your academic record. It will only be used for this purpose. Personal information you provide may be disclosed to faculty and/or Admissions staff. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the College's Registrar at 709-643-0827. For more information about the ATIPPA please visit www.cna.nl.ca/about/atippa.asp.</i></p> <p><i>I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.</i></p> | | | | |
| Student's Signature | | Date | | |

Course PLAR Application Process

Provide the applicable information for processing of the **Course PLAR** application:

| | |
|-----------------|---------------------------------|
| | |
| CNA Course Name | CNA Course Number (i.e. MC1242) |

Supporting **course** documentation attached to this application:

Relevant work experience with employer contact information (i.e., current resume)

Relevant activities and/or experiences that resulted in equivalent learning for the above course (i.e., webinars, workshops) including topics covered and proof of completion

Detailed course outlines for courses completed with an outside agency or educational institution including proof of successful completion (i.e. certificate, transcript)

Other

Work Exposure/Work Term PLAR Application Process

Provide the following information for processing of the **Work Exposure PLAR** application:

| | |
|---|--|
| Work Exposure or Work Term (i.e. OJ1550, WC1155, WT1185) | |
|---|--|

Supporting **work exposure/work term** documentation attached to this application:

Current resume

Job description (duties are relevant to program of study)

Completed **Employer Section** of this form (Pages 3 and 4) containing:

- position title
- dates of employment
- hours of work (i.e. 37.5/week)
- description of duties/responsibilities related to program of study
- complete listing of MS software, operating systems and applied software being utilized
- supervisor/employer contact name, number, and email address

FOR OFFICE USE ONLY

| | | | |
|----------------------|--------------------------------|----------------|------------------------------|
| Application Received | | | Minimum GPA of 2.0 |
| | Received by (campus designate) | Date Received | Verified by Campus Designate |
| Application Reviewed | | | Approved Denied |
| | Processed by (SME) | Date Processed | Verified by SME |
| School Approval | | | Approved Denied |
| | Official Signature (SOBIT) | Date Completed | Verified by SOBIT |



PLAR Employer Section 2021
 School of Business & Information Technology

NOTE: Application will be considered incomplete if **ALL** sections are not completed by employer

| Work Exposure/Work Term Contact Information Ensure all fields are completed for follow-up, if necessary | |
|---|---|
| | |
| Company Name | Supervisor's Name |
| | |
| Supervisor's Email Address | Telephone Number |
| Details of Employment Ensure information provided is as detailed and accurate as possible | |
| | |
| Student's Name | Student's Job Title |
| | |
| Dates of Employment | Hours Worked Per Week |
| Business Programs and Executive Office Management | Information Technology Studies |
| List of MS software (ex. Word, Excel) that student utilizes | List of operating systems and/or applied software that student utilizes |
| | |
| List of additional software | |
| | |

Student Job Duties

Include duties/responsibilities performed during employment that are in direct reference to the program of study

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|--|--|--|

By signing below, the supervisor is agreeing that statements made on Pages 3 and 4 of this application are accurate and true.

| | | |
|---------------------------|---|-------------|
| | | |
| Supervisor's Name (Print) | Supervisor's Signature (must include written or e-signature) | Date Signed |