

## **PLAR Application Form**

Prior Learning Assessment and Recognition School of Business and Information Technology

<ul> <li>There are no assessment fees required</li> <li>To apply for a PLAR, students must be enrolled in a College program</li> <li>High school courses cannot be used for PLAR</li> </ul>	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			
	Year 1 Yea	or 2 Year 3	
CNA Program of Study	Ye	ar	
·	PLAR Request for:		
Clarenville (Online)	Course (i.e. MC1242)		
Corner Brook	Work Exposure/Work Term	(i.e. OJ1550, OJ1900, WT1155)	
Grand Falls-Windsor Prince Philip Drive	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			
This information will assist the faculty assessor in determining whether the learning is equivalent to the College course or work exposure/work term. Please contact the Student Services office at your campus for more details on Prior Learning Assessment & Recognition.  My signature below indicates that all the above information is accurate, and I take full responsibility for providing all such information.			
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 will be used by College staff to process your application. 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 have read and understand the Privacy Statement above and consent to the collection and use of this personal information.			
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## **Course PLAR Application Process**

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Course PLAR Application Process Provide the applicable information for processing of the Course PLAR application:			
CNA Course Name (i.e. Computer Applications I	CNA Course Number (i.e. MC1240)		
Supporting <b>course</b> documentation attached to this application:			
Relevant work experience with employer contact information (i.e., current resume)			
Relevant activities and/or experiences that resulted in equivorkshops) including topics covered and proof of complet	•		
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/Work Term PLAR application:			
Work Exposure/Work Term Course Number (i.e. OJ1550, OJ1900, WT1155)			
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 Office software/versions 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		

**Important:** All documents for work exposure/work term PLAR **must** be submitted with this application.



## **PLAR** Employer Section

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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			
<b>List of MS Office software</b> (i.e. Word, Excel, PowerPoint) that the student uses in regular daily work activities Include software version (i.e. MS Word 2016)				
List of additional software Include N/A if no additional software outside of the MS Office Suite listed above				

Student Job Duties				
Include duties/responsibilities performed during employment that are directly related to the program of study				
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By signing below, the supervisor is agreeing that information included 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		