PLAR Application Form

Prior Learning Assessment and Recognition

School of Business and Information Technology

• There is no assessment fee 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	**CNA ID**
CNA Email Address	**Telephone Number**
	◯ Year 1 ◯ Year 2 ◯ Year 3
CNA Program of Study	**Year**
Campus Location/Delivery Method:	**PLAR Request for:**
◯ Online Synchronous ◯ Online Asynchronous ◯ Corner Brook ◯ Grand Falls-Windsor ◯ Prince Philip Drive	◯ Course (i.e. MC1242) ◯ Work Experience/Work Term (i.e. OJ1580, OJ1920, 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

This information will assist the faculty assessor in determining whether the learning is equivalent to the College course or work placement 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.

Student's Signature	Date

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. Marketing I)	**CNA Course Number (i.e. MR1100)**

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

No — Relevant work experience with employer contact information (i.e., current resume)

No — 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

No — Detailed course outlines for courses completed with an outside agency or educational institution including proof of successful completion (i.e. certificate, transcript)

No — Other

Work Experience/Work Term PLAR Application Process

Provide the following information for processing of the **Work Experience/Work Term** PLAR application:

Work Experience/Work Term Course Number (i.e. OJ1580, OJ1920, WT1185)	

Supporting **Work Experience/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 Experience/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**
List of MS Office Software (i.e. Word, Excel, PowerPoint) that the student uses in regular daily work activities Include software version	
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

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