



## Prior Learning Assessment and Recognition Form

A non-refundable per course assessment fee must be submitted with this form at the time of application. Please refer to PLAR 1 or PLAR 2 sections of fees in the Prior Learning Assessment and Recognition Procedure.

### Fees:

PLAR 1 - \$75.00 processing fee per course and half tuition for a credit course

PLAR 2 - \$75.00 processing fee per course and half tuition for a credit course

Fees are for review and do NOT guarantee recognition.

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### Personal Information

Student ID Number \_\_\_\_\_

Last Name/Family Name (legal)    First Name (legal)    Middle Name (legal)

\_\_\_\_\_

Mailing Address (Street/PO Box #)

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City/Town, Province/State, Country, Postal Code

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Home Telephone (10 digit)    Business Phone (10 digit)    Mobile Phone (10 digit)

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Student Signature: \_\_\_\_\_

Freedom of Information and Protection of Privacy:

The information that you provide the Alberta College of Art and Design when you register for ACAD courses is collected under the authority of the Post-Secondary Learning Act and Freedom of Information and Protection of Privacy Act in the Province of Alberta, Section 33(c). This information is used for academic administration, the administration of ACAD support services, scholarship and financial aid awards, marketing and recruitment activities. Your personal information is protected and can be reviewed upon request.

**ACAD Program Title**

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**Course Information**

I am requesting Prior Learning Assessment and Recognition for:

ACAD Course Name: \_\_\_\_\_

Subject Code: \_\_\_\_\_ Course Number: \_\_\_\_\_

Name of Equivalent course/certificate/challenge exam (if applicable)

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Educational Institution where above was taken

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Date taken: \_\_\_\_\_ Grade: \_\_\_\_\_

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Documentation Supplied if not a course/certificate or challenge exam

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To be completed by Program Area:

This student HAS or HAS NOT (**circle one**) demonstrated that he/she met the learning outcomes for \_\_\_\_\_ .  
(**course code**)

Subject Area Specialist Approval/Name	Signature	Date
_____	_____	_____

Chair Approval/Name	Signature	Date
_____	_____	_____

For use by Office of the Registrar Only

Registration Staff signature: \_\_\_\_\_

Date Fees Paid: \_\_\_\_\_ Transcript Updated: \_\_\_\_\_