

Prior Learning Assessment and Recognition Request Form

REGISTRAR & ENROLMENT SERVICES

IMPORTANT INFORMATION

To initiate a prior learning assessment and recognition, students must first consult with the instructor to determine the eligibility of proceeding with an assessment. A signature from the instructor confirming the consultation must be provided on this form in order to submit this form for payment.

PAID STAMP

STUDENT INFORMATION

Complete the following and please print clearly:

Student name: _____ Langara ID: _____

Email: _____ Phone: _____

STUDENT CHECKLIST

- I have read the [E2004 Prior Learning Assessment and Recognition policy](#).
- I have consulted the eligibility for proceeding with an assessment with the instructor on _____.
(YYYY/MM/DD)
- \$150 for each course assessment.

The fee for the Prior Learning Assessment and Recognition Request is non-refundable.

- I understand and acknowledge that the assessment and decision by the faculty will be deemed final.

Student's signature

Date signed (YYYY/MM/DD)

FACULTY INFORMATION

Course subject and number: _____

Instructor (print name)

Instructor's signature

Date signed
(YYYY/MM/DD)

Please find Faculty and Department grade submission instructions on the second page.

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FACULTY & DEPARTMENT GRADE SUBMISSION INSTRUCTIONS

- Complete all required fields after final assessment has been completed.
- Return form to Registrar & Enrolment Services office by email: transfercredit@langara.ca.

Note: Assessments that do not result in credit awarded do not need to be returned to Registrar & Enrolment Services.

FACULTY CHECKLIST

Course subject and number: _____

Assessment method used: _____

Final grade assigned: _____

Assessment completion date (YYYY/MM/DD): _____

Instructor (print name)

Instructor's signature

Date signed
(YYYY/MM/DD)

Department or Division Chair (print name)

Department or Division Chair's signature

Date signed
(YYYY/MM/DD)

TRANSFER CREDIT DEPARTMENT USE ONLY

Eligibility confirmed? Yes No

Credit applied to student record on: _____
(YYYY/MM/DD)