

# Prior Learning Assessment and Recognition PLAR Assessment Request Form

## STUDENT INFORMATION

Last Name	First Name	Middle Name	Student Number
Email Address			Telephone
Mailing Address	City	Province	Postal Code
ACADEMIC PROGRAM Admitted into program			

Program Admission Date (YYYY/MM/DD)	as per your letter of acceptanc
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# **COURSE ASSESSMENT INFORMATION**

Identify the course(s) for this prior learning assessment and recognition request

Course Number (DPS, DIT, etc)	Course Name

# FEE ASSESSMENT INFORMATION

Please enclose the non-refundable Assessment Fee (half the course cost) for each individual course identified for assessment

#### Payment Method

Cash Cheque Interac Credit Card Visa MasterCard 16-Digit Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

(please see reverse)



# CONDITIONS

#### Student Agreement

- I understand that the materials submitted must meet the University's academic standards and that there is no guarantee that credit will be awarded through the evaluation process.
- I understand that an administrative fee will be charged for all Prior Learning Assessment submissions and based on the services provided not on the number of credits awarded. Fees are non-refundable and non-transferable.
- I understand that I may be requested to provide additional demonstrations of learning in the event of a learning gap and that an additional PLA fee may be charged.
- I understand that the Assessment may take up to four weeks to process and that credit will not be reflected on an official transcript until payment is received. All fees are subject to change.

## With Submission of Portfolio

- I have read and understood the University of Winnipeg's Prior Learning Assessment Policies and Procedures.
- I have made a copy of my portfolio in case of loss and for my own records.
- I do not hold the University responsible for loss or damage.
- The materials contained in this portfolio are authentic, accurate and true. I understand that an award of credit may be denied if I have falsified any information in any way.

Signature

Date \_\_\_\_\_

This form must be submitted via email to paceregistration@uwinnipeg.ca

515 PORTAGE AVENUE, WINNIPEG, MANITOBA, CANADA, R3C 2E9 TEL: 204.982.6633 PACE.UWinnipeg.ca