



1430 Victoria Avenue East  
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## APPLICATION FOR PRIOR LEARNING ASSESSMENT

**PART 1: To be completed by applicant and submitted to the Registrar's Office**

**Student Name:** \_\_\_\_\_

**Student Number:** \_\_\_\_\_ **Applying for Credit in Program:** \_\_\_\_\_

Course Number(s)	Course Name(s)	PLAR SECTION START DATE (Office Use Only)	FEE ASSESSED (Tuition Only) (Office Use Only)
<i>e.g. BUSN-0015</i>	<i>e.g. Customer Service</i>		

**REQUESTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
 (Student)

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