



1430 Victoria Avenue East
 Brandon Manitoba R7A 2A9
 Telephone: 204-725-8700 ext. 6742
 Fax: 204-726-7110
 registrar@assiniboine.net

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)

Revision Date: Jun 2024



Assiniboine College

Attachment Policy A6

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RESULTS OF PRIOR LEARNING ASSESSMENT

PART 2: To be completed by the Program area and returned to the Registrar's Office.

Program: _____ **Assessor:** _____

An assessment has been completed for _____
(Name of Applicant)
and the following prior learning credits have been awarded:

Course Number	Course Name	GRADE ASSIGNED
<i>e.g. BUSN-0015</i>	<i>e.g. Customer Service</i>	<i>e.g. B+</i>

AUTHORIZED BY: _____ **DATE:** _____
(Dean/Director/Chairperson)

RECEIVED BY REGISTRAR'S OFFICE: _____

DATE: _____

Revision Date: June 2024