Prior Learning Assessment & Recognition (PLAR) Request

Registrar's Office
Suite 100 – 626 West Pender Street,
Vancouver, BC V6B 1V9
Phone: (604) 915-9607
Email: registrar@ucanwest.ca

Original Date Received by Registrar's Office

Today's Date (YYYY/MM/DD): _____ **Student Number**: _____

Student Name (LAST/first): _____

Your program (Please check correct box) ☐ AA; ☐ BA; ☐ BComm; ☐ MBA

Requesting PLAR for course(s) e.g.: BUSM 200 (list all): _____

_____

Notes:

- Please submit a detailed chronological résumé plus a written summary/portfolio of how your past education and work experience should be considered towards your request for PLAR to the Registrar's Office. Documentation submitted via email must be in pdf format and should be sent to: registrar@ucanwest.ca . Be sure to review the PLAR Policy on the UCW website at: ucanwest.ca/about-ucw/policies
- Once your request form has been reviewed for completeness, you will be asked to take the form to the finance office for payment of the non-refundable PLAR fee ($500.00 per portfolio).
- Return the completed PLAR request with proof of payment to the Registrar's Office.
- Your request and accompanying documentation will be submitted to the appropriate Academic Program Head for assignment to a faculty member.
- If applicable, the Academic Program Head (or designate) may contact you for additional elements for the review of learning, including possible interviews, assignments, tests or other projects for assessment.
- Maximum PLAR allowed for undergraduate programs is 30 credits: Maximum PLAR allowed for graduate programs is two courses. Please refer to the full PLAR Policy #9022 at https://ucanwest.ca/about-ucw/policies

University Canada West is committed to using personal information we collect in accordance with applicable provincial and federal privacy legislation. By completing this form, you are consenting to have the University use the submitted information for the purposes consistent with academic and support services of a post-secondary educational institution.

_____ _____

Signature Date

Finance Use Only:
Confirm fee paid_____ Date: _____
Student to return completed form to Registrar's Office

Academic Department Use Only:
Faculty assigned (print name): _____

Decision (Approved/Denied):_____ Faculty Signature: _____Date: _____
Department to return completed form to Registrar's Office