



Collège communautaire du Nouveau-Brunswick

Prior Learning Assessment and Recognition (PLAR) Academic Request Form

Section to be completed by student

Student's Name: _____ ID Number: _____
(please print)

Actual Program Title at CCNB: _____

Telephone Number: _____ E-mail: _____

Official title of course to follow	Code	Session / Year	Official title of course already followed	Training institution (specify campus if course taken at CCNB)	Code	Session / Year	Mark obtained

IMPORTANT: While awaiting the results of the request, the student must continue attending the class.

Original and supporting documents attached to this form

- Transcript of marks
- Course outline
- Competency certification
- Certificate of achievement
- Other: _____

Student's Signature: _____ Date: _____

Section reserved for the instructor of the course

Recommendation: Yes No

Comments:

Instructor's Signature: _____ Date : _____

Section reserved for the department head responsible of the program

Recognition of the requested course is granted: <input type="checkbox"/> Notation to enter in the transcript of marks: CR	Recognition of the requested course is refused: <input type="checkbox"/>
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Comments:

Department Head's Signature: _____ Date : _____

Original request form: Registrar's Office

Copies of request form: Student, department head and instructor of the course

Supporting documents: All supporting documents will be kept by the Instructor as stated in the procedure *Élaboration d'un cours, enseignement et évaluation des apprentissages*.