



Collège communautaire du Nouveau-Brunswick

Prior Learning Assessment and Recognition (PLAR)
Experiential Learning Request Form

Section to be completed by student

Student's Name: (please print) ID Number:
Actual Program Title at CCNB:
Telephone Number: E-mail:

Table with 3 columns: Official title of the requested course, Code, Session and year

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

Original and supporting documents attached to this form

Checkboxes for Resume, Letter from employer, Professional file, Portfolio, and Other:

Student's Signature: Date :

Fees and payment instructions (section reserved for accounting department)

Non reimbursable fees, in addition to registration fees, must accompany this request.

Checkboxes for Debit, Cheque, Cash, Credit Card, and Other

Amount received: Receipt Number:

Payment received by: Date:

Section reserved for the instructor of the course

Recommendation: Yes No

Comments:

Instructor's Signature: Date :

Section reserved for department head responsible of the program

Checkboxes for Written test, Competency test, Interview, Demonstration or simulation, and Other:

Comments:

Recognition of the requested course is granted/refused: Notation to enter in the transcript of marks: EQ

Reason for refusal:

Department Head's Signature: Date:

Original request form: Registrar's Office

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

Supporting documents: All supporting documents will be kept by instructor as stated in the procedure Elaboration d'un cours, enseignement et evaluation des apprentissages.