

Prior Learning Assessment & Recognition

GRADE FORM

FROM: _____ (Faculty Name, Please Print)

Student Name:	Student #:
Address:	
City:	Postal Code:
Home Phone:	Business Phone

Program:	
Course Title	Course Code:
Prerequisites Completed: Yes __ No __ N/A __	Section Number #:
Grade Achieved:	

INFORMATION WAS ACQUIRED FROM THE FOLLOWING SOURCES:

- | | |
|---|--|
| <input type="checkbox"/> INTERVIEW | <input type="checkbox"/> SAMPLES OF WORK |
| <input type="checkbox"/> PORTFOLIO | <input type="checkbox"/> DEMONSTRATION |
| <input type="checkbox"/> CHALLENGE EXAM | |

DESCRIBE: a) content: what knowledge or competence was involved

b) level: scope of depth achieved

STUDENT FEEDBACK GIVEN:

FACULTY ASSESSOR'S SIGNATURE

FACULTY ASSESSOR'S SIGNATURE

DEAN/CHAIR SIGNATURE

DEAN/CHAIR SIGNATURE

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