

PRIOR LEARNING ASSESSMENT (PLA) REQUEST FORM

Registrar's Office, North Vancouver Campus

 Email: transfercredit@capilano.ca
PLEASE READ CAREFULLY

Credit will be awarded only to students who have applied for and been admitted to Capilano University. You must have completed an Application for Admission/Readmission before proceeding.

1. Contact the department coordinator or designate to make a PLA request. If the department approves the request, complete the following PLA Request Form and have the department designate sign and date the form.
2. Submit the completed PLA Request Form to Student Financial Accounts (sfa@capilano.ca or LB152, Library building) so the appropriate charges may be placed on your account. Payment must be made before the PLA request can proceed.

Your department will then arrange assessment for your PLA. Once it has been assessed, you will be contacted by the department with the results. You will also be contacted by the Registrar's Office via your official my.capilano.ca email address once the PLA has been processed to your student record.

PERSONAL INFORMATION – PART 1

LEGAL LAST NAME		LEGAL FIRST NAME	
STUDENT NUMBER	PHONE NUMBER	TERM OF REQUEST (e.g. FALL 2021)	
<p>In signing this PLA Request form, I understand that this information may be used for the purposes of graduation, research, and other purposes consistent with the mandate of the institution. Capilano University reserves the right for the Registrar to share information with other post-secondary institutions in situations where an applicant has been found to have falsified documents or other information submitted to the University. Your information is collected and used in compliance with the B.C. Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, please email privacy@capilano.ca.</p>			
SIGNATURE		DATE SIGNED (MM/DD/YYYY)	

PLA REQUEST - PART 2 Indicate the subject(s) for which you are requesting PLA

PROGRAM			
COURSE NAME AND NUMBER (E.G. ENGL 100)		CREDITS	
COURSE NAME AND NUMBER (E.G. ENGL 100)		CREDITS	
COURSE NAME AND NUMBER (E.G. ENGL 100)		CREDITS	
COURSE NAME AND NUMBER (E.G. ENGL 100)		CREDITS	
DEPARTMENT DESIGNATE APPROVAL	DEPARTMENT DESIGNATE SIGNATURE	DATE SIGNED (MM/DD/YYYY)	

OFFICE USE ONLY

PAYMENT RECEIVED	Please return stamped form to:		
	FULL NAME		
ASSIGNED ASSESSOR	JOB TITLE		
	EMAIL		
	DATE EMAILED		