St. Lawrence College

☐Brockville ☐Cornwall ☐ Kingston

Prior Learning Assessment and Recognition Application Form

Please complete (print clearly)

Last Name: _____ First Name: _____ Middle Initial:_____

Date of Birth: _____ email: _____

Address:_____ Telephone: _____

Have you ever been enrolled at St. Lawrence? Yes ___ No ___ If yes, Student ID* _____

Are you currently enrolled at St. Lawrence? Full-Time ___ Part-Time ___ No ___

Program Name: _____

Filled out by Applicant		Filled out by College Officials			
Course Code	Course Name	Program	Assigned Professor	Method of Assessment	Grade Achieved (letter and percentage)

Application: Fee assessed by PLAR Advisor: _____

_____   _____   _____
Date/Applicant's Signature   Date/ Pr. Coordinator Signature   Date/PLAR Advisor's Signature

Assessment:

_____   _____   _____
 Date   Grade assigned (percentage/letter/G) Assessing Professor's Signature

Copies: PLAR ☐   Records ☐   Program Coordinator ☐   Student ☐
* = new students will be assigned a student number. upon payment in Student Services

For Records Office Only:

Entered by**:** _____   _____   ☐ Sent to Enrolment
        Date   Signature of Records Staff

For Registration Use Only:

Total Fee Paid**:** _____   Method of Payment: ☐Cash ☐ Cheque ☐ Money Order ☐Interac ☐Credit Card:

_____   _____   _____
Credit Card# (American Express, MasterCard or Visa)   Expiry (mm/yy)   3-digit CVV security code

_____   _____   _____
Signature of Cardholder (if different from applicant)   Signature Registration   Date
*Credit Card information is destroyed after payment is processed