

# The University of Winnipeg

## PRIOR LEARNING ASSESSMENT AND RECOGNITION (PLAR) ASSESSMENT AGREEMENT FORM

- a) Complete this form in consultation with the course instructor/department chair
- b) One-half of the regular tuition fee (includes registration fee) must accompany this form.
- c) Return form and fee to the PLAR Coordinator. [For office use only, fee attached/amount \_\_\_\_\_, Term \_\_\_\_].

### A. STUDENT AND PLAR COURSE INFORMATION: *(Student to complete, please print.)*

Student Name \_\_\_\_\_ Student Number \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

Course Number \_\_\_\_\_ Section Number \_\_\_\_\_

Course Title \_\_\_\_\_ [For office use only]

Instructor Name \_\_\_\_\_

### B. AGREED UPON METHODS OF ASSESSMENT: *(Student and instructor to complete, checking all that apply and specifying dates, times and due dates.)*

METHOD	DATES, TIMES AND DUE DATES
" Portfolio <i>(student to read Section 1 on reverse)</i>	_____
" Examination <i>(instructor/chair to complete Section 2 on reverse)</i>	_____
" Demonstration	_____
" Interview	_____
" Presentation	_____
" Other _____	_____

*Please complete the reverse side if appropriate.*

I understand that once materials are submitted, the assessment process may take four weeks and that credit is not guaranteed through this evaluation process.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Instructor Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Department Chair Signature*

\_\_\_\_\_  
*Date*

## **PRIOR LEARNING ASSESSMENT AND RECOGNITION (PLAR) ASSESSMENT AGREEMENT FORM (*Continued*)**

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### **SECTION 1:** (*Student to complete both.*)

#### **IF PORTFOLIO IS SUBMITTED FOR ASSESSMENT:**

- 9 I will make a copy of my portfolio for my records and in case of loss.
- 9 I will make a cover page for my portfolio including the following information: name, student number, phone number, course title and number, instructor's name, date of submission, and verification of validity.
- 9 I will not hold the University responsible for loss or damage.
- 9 The contents of my portfolio will be my own work.
- 9 I am aware that there is a Portfolio Developmental Workshop available. (*Check with the PLAR Coordinator for dates and times.*)

#### **CONSENT FOR RELEASE OF PORTFOLIO MATERIALS:**

- 9 The University may use my portfolio materials as examples for review by other students or in professional training workshops with my name deleted from all documents.
  - 9 The University may NOT use my portfolio materials as examples for review.
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### **SECTION 2:** (*Instructor/Department Chair to complete.*)

#### **IF A CHALLENGE EXAMINATION IS THE AGREED UPON METHOD OF ASSESSMENT:**

Will arrangements be made within the department for the invigilation of this Challenge Examination?

" Yes      Date & Time \_\_\_\_\_

" No      Please contact Debbie Machula in Student Services to schedule a date and time for the examination. The examination must be forwarded to Student Services one full week before the scheduled date.

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*Please complete the reverse side.*