

**PRIOR LEARNING ASSESSMENT AND RECOGNITION FOR MATURE STUDENTS
APPLICATION FOR ASSESSMENT FOR GRADE 11 AND 12 CREDITS
THROUGH THE EQUIVALENCY PROCESS**

Please complete this application form and submit it to your school principal.

Surname: _____

Given names: _____

MIN/OEN: _____ Grade: _____

Gender: ___ male ___ female ___ Date of birth: ___ year ___ month ___ day

School: _____

I wish to have my education and/or training credentials and related documentation assessed through the PLAR equivalency process. I believe that my credentials and related documentation provide evidence of my prior learning and demonstrate that I have met the curriculum expectations for each of the following courses in the Ontario curriculum:

Course Title	Course Type	Course Grade/Level	Course Code

I am aware that my credentials and documentation will be evaluated against the expectations outlined in the appropriate curriculum policy document(s). I am also aware that a maximum of 10 credits may be granted through the challenge and equivalency processes (combined) for courses in Grades 11 and 12.

I am submitting the following credentials and documentation for assessment through the equivalency process:

- _____ transcript(s) from postsecondary education institution(s) (e.g., colleges, universities, or other similar institutions)
- _____ transcript(s) from secondary schools/boards
- _____ credential(s) from education and/or training programs (e.g., apprenticeship certificate)
- _____ documentation from employer(s) (past or current), giving details of knowledge and skills required to perform work-related tasks
- _____ documentation from supervisor in a volunteer work setting, giving details of knowledge and skills required to perform assigned tasks
- _____
- _____

I have reviewed the curriculum expectations for each course for which I am requesting equivalent credit value.
I understand that a board/school committee will review my application.

Signature of student: _____ Date: _____

Signature of principal: _____ Date: _____

FOR OFFICE USE ONLY

Date application received: _____

Date equivalency process completed: _____