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:

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<th>Course Title</th>
<th>Course Type</th>
<th>Course Grade/Level</th>
<th>Course Code</th>
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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: _________________________________