Request for Prior Learning Assessment and Recognition (PLAR) – Undergraduate Studies

Please complete this form,	along with	your PLAR	documentation and	assessment fee	, and send to:
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By mail: Registrar's Office By email: registrar@acadiau.ca

	rsity Avenue	
Wolfville,	NS B4P 2R6	
TUDENT INFORMATION	ON (Please print o	r type)
Full Name		
Acadia Student ID#		
Acadia Program		
Mailing Address		_
Acadia Email		
Course based	Course Code	Course Name
assessment	and Number	
Course/s requested		
for assessment		
equivalency		
more space is needed, plea	lse submit 2 nd form.	
Program based	Faculty	Subject Area
assessment		
Area of general study		
requested to be		
assessed for credit/s		
	lse submit 2 nd form.	
more space is needed linear	101111.	
-	information and do	ocumentation is an accurate account of my
confirm that submitted	information and do	ocumentation is an accurate account of my
-		

I confirm	that submitted	information a	and docui	mentation i	s an acc	urate ac	count o	f my
learning.								

Signature:			

Registrar's Office Use Only

Documentation	Date	Initial
 Submission received by RO 		
 Payment received by RO 		
 Submission sent for assessment 		
Assessment outcome form received		
Assessment letter sent to student		
Fees disbursement requested		

