THOMPSON RIVERS UNIVERSITY
OPEN LEARNING

Campus Evaluation of
Prior Learning Assessment and Recognition (PLAR)

(To be completed by Faculty Assessor)

Student First & Last Name:_____

TRU Student ID#: _____

Name of Course: _____

Name of Faculty Assessor: _____

PLAR Assessment Method(s) Used:

(Challenge exam, Portfolio, Oral Interview, Skills Demonstration, Other?)

_____

Please provide a <u>detailed</u> explanation of your decision, including reference to the course learning outcomes (please include more detail on separate sheet if needed):

PLAR credit granted?   **Yes**   **No**

If Yes, total credits granted for course: _____

Faculty signature: _____

Date Granted: _____
                          DD-MM-YYYY

Send completed form to:

TRU-PLAR Dept., 4th Floor, BCCOL
805 TRU Way
Kamloops, BC V2C 0C8

Or scan and email to: PLAR@tru.ca