

Prior Learning and Recognition (PLAR) Assessment Registration Form

Male 🔟 Female 🔟 Are you under the ag	e of 19? Yes 🗖 No 🗖 If yes, have you suc	ccessfully completed grade 12? Ye	IS LINO LI OI	EN (If Known):	
Surname	First Name	Middle	Initial Stude	ent Number	
Apt./Unit #Address		City/Province		Postal Code)
Email Address	Phone		D	ate of Birth (YYYY/r	MM/DD)
Citizenship Status: Canadia	n Citizen	_anded Immigrant 🔳 Int	ernational Stude	nt 🗖 Visit	or/Other Visa
Have you previously been enrolled Full-Time Part-Time					
2. PLAR is not available for register 3. PLAR is not available for current 4. Only ONE attempt per course is transcript. A failed attempt wou 5. Once the candidate has registere Failure to do so will result in a g WAIVER I have read and understood the a statements made by me on this i	bove information concerning eval egistration form and on any suppo	dits for Conestoga College eted Conestoga College I completion of a PLAR a ourse. confirmation of assessmentation of my learning, a prting documents are true	e courses that the courses. ssessment resul ent, the candidate	y have failed. Its in a credit is bound to co	omplete the challenge.
	stration and any credits earned/gra				
	MUST register a minimum of 14 days				
PLAR - CHALLENGE:					
Course Number	Course Name	Assessme	ent Method	Fee	Date (if exam)
METHOD OF DAYMENT.	All fo co and many referred all h				
METHOD OF PAYMENT: Fees: \$135.57 per assessment with	All fees are non-refundable some exceptions, call (519)-748-52:		lestions regarding		
the exact rate.		20, CAL 0400 II YOU HAVE YE	icolions regarding	1	
Amount enclosed: \$	Debit (in person only)Money Order/Cheque	(navable to Concetage C	allaga naat data	d chaquas ar	o not accented)
If noving with your company and it			ollege, post-date	a crieques ar	е пот ассертец.)
	card or with a company cheque, please				
Company Address:					
. ,	ON: (Credit card will be billed o	unan resoint of this s	nulication \		
please check one:	•		• • •		
CREDIT CARD NUMBER	R:				
CREDIT CARD EXPIRY DATE:	MONTHYEAR		 '		
CARDHOLDER'S NAME: GIVEN NAM	E	SURNAME			
CARDUOLDEDIC CICNATURE					

Fax to: 519-895-1097, or mail to: Conestoga College, Credit Transfer Office, 299 Doon Valley Drive, Kitchener ON. N2G 4M4