

# Nicola Valley Institute of Technology

## Merritt Campus:

4155 Belshaw Street Merritt, BC V1K 1R1  
Phone: (250) 378-3300

Toll Free: 1-877-682-3300

## Vancouver Campus:

200-4355 Mathissi Place Burnaby, BC V5G 4S8  
Phone: (604) 602-9555

Email: [info@nvit.ca](mailto:info@nvit.ca)

Website: [www.nvit.ca](http://www.nvit.ca)



## Application for Prior Learning Assessment and Recognition (PLAR)

Through [PLAR](#), NVIT will grant credits towards a credential for informal learning that fulfills program requirements. There are several methods of documenting and demonstrating prior learning. Deans and Department Chairs are responsible for identifying courses and program components which can be obtained through a PLAR.

### PLAR Application Instructions:

For PLAR approval to be given, the student must be currently enrolled or accepted in a program as an NVIT student. The student must consult with the Registrar's Office and Program Department Chair to determine if a PLAR is the best alternative. The form must be completed including obtaining permission and signatures from the faculty member (must be full-time, continuing), Dean, and include a start and end date for the course(s). Once approved, the completed form must be forwarded to the Registrar's Office for the student to be registered\*. Students are responsible to ensure all course prerequisites are met prior to submitting a PLAR application. *\*Tuition is assessed as per the current NVIT fee policy and is required at the time of registration.*

## PLAR Application Information

Student Number: \_\_\_\_\_ Program: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Course Requested: \_\_\_\_\_ Term Requested: \_\_\_\_\_  
Subject and Number (e.g. BUSM 200) Year/Term (e.g. 23/Spring)

Rationale for PLAR (to be completed by the student):

\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PLAR Approvals

Approval and start/end date of course must be obtained from the faculty supervising the PLAR course, the Department Chair or Coordinator, and the Dean. Once signed, forward this form to the Registrar's Office ([registrarsoffice@nvit.ca](mailto:registrarsoffice@nvit.ca)) with payment or sponsorship.

\_\_\_\_\_  
Faculty Name Faculty Signature Date

\_\_\_\_\_  
Department Chair/Coordinator Name Department Chair/Coordinator Signature Date

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Term: \_\_\_\_\_

\_\_\_\_\_  
Dean Name Dean Signature Date

## Office Use Only

Section No.: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_