



JIBC

School of Community
& Social Justice

Centre for Counselling
& Community Safety

Recognition of
Prior Learning
Application

JIBC STUDENT NUMBER (IF KNOWN):		DATE OF BIRTH (YY/MM/DD):	
NAME (FIRST/LAST):			
ADDRESS:		CITY:	
PROVINCE:	POSTAL CODE:	COUNTRY:	HOME PHONE:
BUSINESS PHONE:	MOBILE PHONE:	EMAIL:	
NAME OF JIBC PROGRAM IN WHICH YOU ARE ENROLLED :			
INCLUDE EVIDENCE IN SUPPORT OF YOUR APPLICATION: <ul style="list-style-type: none"> ♦ Courses Articulated: Attach transcript or letter of attendance for all courses for which you are requesting JIBC credit. ♦ For Courses Not Articulated: Attach transcript and course outlines for each course. Additional documentation may be required. ♦ PLAR: contact program area first to discuss evidence needed, assessment process and timelines. 			
HOME INSTITUTION COURSE NAME AND NUMBER	JIBC EQUIVALENT COURSE NAME AND NUMBER (IF KNOWN)	# OF JIBC CREDITS	EVIDENCE PROVIDED
FEES:		# OF JIBC CREDITS	TOTAL
Courses Articulated - \$50.00 per Application			
Courses Not Articulated - \$50.00 per each 1.0 credit requested			
Prior Learning Assessment - \$100.00 per each 1.0 credit requested			
PAYMENT INFORMATION – PLEASE NOTE APPLICATION FEE IS NON-REFUNDABLE			
<input type="checkbox"/> Cheque or Money Order (made payable to Justice Institute of BC)			
<input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> Amex		CARD NUMBER: _____	EXPIRY MM/YY: ____ / ____
NAME OF CARD HOLDER: _____		SIGNATURE: _____	
BILLING INFORMATION (IF APPLICATION FEE IS BEING PAID BY AN ORGANIZATION)			
ORGANIZATION: _____		DEPT: _____	
CONTACT: _____		SIGNATURE: _____	

Submit by e-mail to: tchambers@jibc.ca or mail to: JIBC / Centre for Leadership / 715 McBride Boulevard / New Westminster, BC V3L 5T4 FOR MORE INFORMATION: Caroline White, 604.528.5620 Email: sforest@jibc.ca

October 2011

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