



JIBC

School of Community & Social Justice

Centre for Leadership

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:

- ♦ 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

Cheque or Money Order (made payable to Justice Institute of BC)

MC VISA 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:** _____

