



Appendix C: PRIOR LEARNING ASSESSMENT AND RECOGNITION: CHALLENGE FOR CREDIT Interim Tracking Record

Student Surname: _____

Given Names: _____

MIN/OEN: _____

Grade: _____

DOB: _____ (year/month/day)

Student Number: _____

School Name:
School Number:
Date of Entry:

Date (Year/Month)	Course Grade/Level	Course Title	Course Code	Discipline	Percentage Grade	Credit	Compulsory	Withdrawal	Authorization Signature

Note: The authorization signature must be the signature of the person authorized to maintain the student's OSR.
For Policy on the use of this form, see Policy/Program Memorandum No. 129 "Prior Learning Assessment and Recognition (PLAR): Implementation in Ontario Schools."