

Appendix D: PRIOR LEARNING ASSESSMENT AND RECOGNITION FOR MATURE STUDENTS

APPLICATION FOR ASSESSMENT FOR GRADE 9 AND 10 CREDITS THROUGH THE EQUIVALENCY PROCESS

First Name:	Last Name:					
MIN/OEN:	Grade:					
DOB: (year/month/day)	Date of Application:					
Phone:	Email:					
 Part A – If you have an Ontario Student Transcript (OST). Part B – If you have a transcript for another province or country. Part C – If you do not have a transcript. 						
Please check one:						
Part A						
☐ I have an Ontario Student Transcript (OST) with fewer apply for an Individual assessment to earn enough equal 10 credits. I understand that I may be required to successor all of Grade 9 and 10 Canadian Geography/History, I	ivalent credits to bring my total to 16 Grade 9 and essfully complete an Individual Assessment in some					
Part B						
☐ I have a transcript from another province or country. equivalent credits I will be granted based on successful school that are compatible to the Ontario Grade 9 and transcript and that the maximum number of equivalent	completion of up to two years of secondary 10 program. I understand that I must submit the					
Part C						
☐ I do not have a transcript showing successful completion of up to two years of secondary school that are comparable to Ontario Grade 9 and 10. I would like to apply for an Individual Assessment in Grade 9 and 10 Canadian Geography/History, English, Mathematics, and Science to earn up to 16 Grade 9 and 10 equivalent credits.						
Signature:	Date:					





FOR SCHOOL USE ONLY Counsellors to complete

Name of Candidate:			Number of Credits Granted:			
Student Status	:: □ eLearning	☐ Con Ed Day School	☐ Summer School		☐ CDSBEO Day School	
Start Date:			_			
Please check off the compulsory credits needed:						
□ Math	☐ Geography	☐ Science	□ English	☐ Hist	ory	
Staff Signature:		Date:				
Entered into d	atabase:					