

# Prior Learning 30 – Application for Credit

## Part I

(to be completed by post-secondary institution)

Post-Secondary Delivery Organization Name:			Date:		
Program Location:					
Applicant's Full Name:					
SIN:		Learning ID Number:		Date of Birth:	
				mm	dd yyyy
<b>Adult 12 Program</b> (identify courses being taken (note: courses can also be taken at the 21, 31 level))					
English Language Arts A30 English Language Arts B30	<input type="checkbox"/> <input type="checkbox"/>			<b>For Institution Use Only:</b>  <b>Program Plan developed through:</b> <input type="checkbox"/> Assessment Plan <input type="checkbox"/> Documentation <input type="checkbox"/> Interview  Program approved by: ..... Signature (PRINT NAME)  ..... Date	
Social Science (one required)	<input type="checkbox"/> Social Studies 30: Canadian Studies <input type="checkbox"/> History 30: Canadian Studies <input type="checkbox"/> Native Studies 30: Canadian Studies				
Mathematics (one required)	<input type="checkbox"/> Math: Workplace and Apprenticeship 20 <input type="checkbox"/> Math: Workplace and Apprenticeship 30 <input type="checkbox"/> Math: Foundations 20 <input type="checkbox"/> Math: Foundations 30 <input type="checkbox"/> Math: Pre-Calculus 20 <input type="checkbox"/> Math: Pre-Calculus 30 <input type="checkbox"/> Calculus 30				
Science (one required)	<input type="checkbox"/> Biology 30 <input type="checkbox"/> Chemistry 30 <input type="checkbox"/> Physics 30 <input type="checkbox"/> Earth Science 30 <input type="checkbox"/> Computer Science 20 <input type="checkbox"/> Computer Science 30 <input type="checkbox"/> Health Science 20 <input type="checkbox"/> Environmental Science 20 <input type="checkbox"/> Physical Science 20				
Electives Elective 1 Elective 2	<input type="checkbox"/> ..... <input type="checkbox"/> Prior Learning Credit				
<b>Credit for Prior Learning 30 requested for:</b>					
<input type="checkbox"/> ABE Adult 12 credit	(Name of course – submit official transcript)				
<b>Non-formal learning</b> <input type="checkbox"/> Non-credit course <input type="checkbox"/> Non-credit course (work-based)	Complete Part II: Credit Requested for Non-Formal Learning (Non-Credit and Work-Based Courses)				
<b>Informal learning</b> <input type="checkbox"/> Employment <input type="checkbox"/> Community Involvement	Complete Part III(a) – Credit Requested for Informal Learning (Employment) Complete Part III(b) – Credit Requested for Informal Learning (Community Involvement)				
<input type="checkbox"/> Self-employment	Complete Part III(c) – portfolio documentation required				
<input type="checkbox"/> Journey-person certificate	(Name of course – attach copy of certificate)				
<b>For institution use only</b>	<b>For Ministry of Education use only</b>		<b>Comments</b>		
<input type="checkbox"/> PL 30 recommended <input type="checkbox"/> PL 30 not recommended ..... Authorized Signature (PRINT NAME)  ..... Title  ..... Date	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved ..... Registrar, Student Services  ..... Date				

## Prior Learning 30 – Application for Credit

## Part 2

### Credit Requested for Non-Formal Learning (Non-Credit and Work-Based Courses)

*(to be completed by the course provider)*

Post-secondary delivery organization requesting credit	
Post-secondary delivery organization where non-credit course was offered	Dates of course
Address:	
Course Name:	Course Length (in hours):
Course Aims, Goals and Objectives:	Course Outline:
Course Evaluation Method <i>(please provide explanation)</i>	
Declaration  _____ has completed the aforementioned program with a minimum attendance of 85%:  ..... Signature ( <i>PRINT NAME</i> )  ..... Date  ..... Title (Note: signing official will be contacted by the Credit Granting Organization for verification of information provided.)	

## Prior Learning 30 – Application for Credit

### Part III (a) Credit Requested for Informal Learning (Employment) *(to be completed by employer)*

<b>Employee's name:</b>	<b>Company's/Employer's name:</b>	
<b>Company's/Employer's Mailing Address:</b>		
<b>Supervisor:</b>	<b>Job Title:</b>	<b>Phone:</b>

### Workplace Essential Skills

Notes:		Observed	Not observed	Not part of job
<ul style="list-style-type: none"> <li>Observe employee on a minimum of six of the following Workplace Essential Skills.</li> <li>Select the six skills used most frequently by the employee. If employee uses all the Workplace Essential Skills, evaluate her/him on all skills.</li> <li>Use one form for each job being evaluated.</li> </ul>				
<b>Reading Text</b>	Reads notes, letters, memos, manuals, regulations, and/or reports that are relevant to the job. Reads forms and labels of at least one paragraph. Reads paragraph-length text in charts, tables, and/or graphs.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Document Use</b>	Understands and completes information on forms and other documents. Reads signs, labels, and/or lists. Interprets information on graphs and/or charts. Enters information on forms.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Numeracy</b>	Manages money accurately. Uses math for schedules, budgets, accounting, and/or ordering materials. Uses measurement. Uses math for data analysis.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Writing</b>	Organizes, records, and documents information. Writes notes or memos. Requests information or justifies a request. Presents an analysis or comparison.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Oral Communication</b>	Communicates thoughts effectively. Greets people or takes messages. Reassures, comforts or persuades. Seeks or obtains information. Resolves conflicts. Facilitates or leads a group.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Working with Others</b>	Works independently. Works jointly with a partner or helper. Works as a member of a team. Participates in supervisory or leadership activities.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Thinking</b>	Finds effective solutions to problems. Establishes a priority list of tasks. Makes effective decisions. Thinks critically. Plans and organizes tasks. Uses memory efficiently. Knows where to find information.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Computer Use</b>	Operates a computerized cash register. Uses word processing software to produce letters or memos. Sends e-mails with attachments. Creates and modifies spreadsheets for data entry.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Continuous Learning</b>	Asks for information from co-workers. Asks for information from supervisor. Voluntarily takes training related to the workplace. Voluntarily takes training away from the workplace.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

## Prior Learning 30 – Application for Credit

### Credit Requested for Informal Learning (Employment)

#### Verification of Employment (to be completed by supervisor or employer)

Notes:

- One form must be completed by the employer for each job being evaluated.
- Employment must be a minimum of 30 hours per week

The applicant, \_\_\_\_\_, has been employed with  
\_\_\_\_\_  
(name of company or employer) for  
\_\_\_\_\_  
(number of consecutive weeks and hours).

_____ Name of Supervisor or Employer	_____ Date
_____ Signature of Supervisor or Employer	_____ Phone Number

#### For Post-secondary Delivery Organization Use Only

Employment verified: minimum of 30 hours per week for 20 consecutive weeks (600 hours)

☐ yes

Authorized Signature \_\_\_\_\_  
(PRINT NAME)

Date \_\_\_\_\_

#### Please fax or email these documents to:

The Office of Registrar  
Student and Educator Services  
Ministry of Education  
Fax Number: 306-787-0035  
Email: [credit.transfer@gov.sk.ca](mailto:credit.transfer@gov.sk.ca)

## Prior Learning 30 – Application for Credit

### Part III (b)

#### Credit Requested for Informal Learning (Community Involvement)

*(to be completed by observer)*

<b>Applicant's Name</b>	<b>Community Organization's Name</b>	
<b>Community Organization's Mailing Address</b>		
<b>Observer</b>	<b>Position</b>	<b>Phone</b>

#### Workplace Essential Skills

<b>Notes:</b> <ul style="list-style-type: none"> <li>Observe applicant on a minimum of six of the following Workplace Essential Skills.</li> <li>Select the six skills used most frequently by the applicant. If applicant uses all the Workplace Essential Skills, evaluate her/him on all skills.</li> <li>Use one form for each position being evaluated.</li> </ul>		<b>Observed</b>	<b>Not observed</b>	<b>Not part of role</b>
<b>Reading Text</b>	Reads notes, letters, memos, manuals, regulations, and/or reports that are relevant to the job. Reads forms and labels of at least one paragraph. Reads paragraph-length text in charts, tables, and/or graphs.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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<b>Numeracy</b>	Manages money accurately. Uses math for schedules, budgets, accounting, and/or ordering materials. Uses measurement. Uses math for data analysis.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Writing</b>	Organizes, records, and documents information. Writes notes or memos. Requests information or justifies a request. Presents an analysis or comparison.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Oral Communication</b>	Communicates thoughts effectively. Greets people or takes messages. Reassures, comforts or persuades. Seeks or obtains information. Resolves conflicts. Facilitates or leads a group.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Working with Others</b>	Works independently. Works jointly with a partner or helper. Works as a member of a team. Participates in supervisory or leadership activities.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Thinking</b>	Finds effective solutions to problems. Establishes a priority list of tasks. Makes effective decisions. Thinks critically. Plans and organizes tasks. Uses memory efficiently. Knows where to find information.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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<b>Continuous Learning</b>	Asks for information from co-workers. Asks for information from supervisor. Voluntarily takes training related to the workplace. Voluntarily takes training away from the workplace.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

## Prior Learning 30 – Application for Credit

### Credit Requested for Informal Learning (Community Involvement)

#### Verification of Community Involvement

(to be completed by observer)

Note: One form must be completed by the observer for each position being evaluated.

The applicant, \_\_\_\_\_, has been a participant with  
\_\_\_\_\_(name of community organization) for  
\_\_\_\_\_(number of hours).

\_\_\_\_\_  
Name of Observer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Observer

\_\_\_\_\_  
Phone Number

#### For Post-secondary Delivery Organization Use Only

Community Involvement verified.

☐ yes

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

#### Please fax or e-mail these documents to:

The Office of Registrar  
Student and Educator Services  
Ministry of Education  
Fax Number: 306-787-0035  
Email: [credit.transfer@gov.sk.ca](mailto:credit.transfer@gov.sk.ca)

## Prior Learning 30 – Application for Credit

### Part III (c)

#### Credit Requested for Self-Employment *(to be completed jointly by applicant and academic counsellor)*

<b>Applicant's Name</b>	<b>Business Name (if applicable)</b>
<b>Applicant's Current Address or Business Address</b>	<b>Phone</b>

#### Workplace Essential Skills

<b>Notes:</b> <ul style="list-style-type: none"> <li>Applicant should prepare portfolio evidence on a minimum of six of the following Workplace Essential Skills.</li> <li>The skills should be the ones used most frequently by the applicant. If applicant uses all the Workplace Essential Skills, he/she should prepare portfolio evidence for all skills.</li> <li>Portfolio evidence must be provided by clients, customers, and/or suppliers and, if applicable, should also include bookkeeping and other records.</li> </ul>		<b>Evidence Provided</b>	<b>Evidence not provided</b>	<b>Not part of role</b>
<b>Reading Text</b>	Reads notes, letters, memos, manuals, regulations, and/or reports that are relevant to the job. Reads forms and labels of at least one paragraph. Reads paragraph-length text in charts, tables, and/or graphs.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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<b>Writing</b>	Organizes, records, and documents information. Writes notes or memos. Requests information or justifies a request. Presents an analysis or comparison.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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<b>Working with Others</b>	Works independently. Works jointly with a partner or helper. Works as a member of a team. Participates in supervisory or leadership activities.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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<b>Continuous Learning</b>	Asks for information from co-workers. Asks for information from supervisor. Voluntarily takes training related to the workplace. Voluntarily takes training away from the workplace.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

## Prior Learning 30 – Application for Credit

### Credit Requested for Self-Employment – Declaration of Applicant

#### Presentation of Portfolio Evidence for Prior Learning 30 Credit

I, \_\_\_\_\_, have provided portfolio evidence which demonstrates competency in a minimum of six workplace essential skills.

Applicant's Signature \_\_\_\_\_  
(PRINT NAME)

Date \_\_\_\_\_

### Verification of Self-Employment (to be completed by academic counsellor)

The applicant, \_\_\_\_\_, has provided portfolio evidence that demonstrates competency in a minimum of six essential workplace skills. I have discussed the evidence with the applicant and am confident that sufficient knowledge has been gained in the course of her/his self-employment to grant a Prior Learning 30 credit.

\_\_\_\_\_  
Name of Academic Counsellor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Academic Counsellor

\_\_\_\_\_  
Phone Number

#### Please fax or e-mail these documents to:

The Office of Registrar  
Student and Educator Services  
Ministry of Education  
Fax Number: 306-787-0035  
Email: [credit.transfer@gov.sk.ca](mailto:credit.transfer@gov.sk.ca)