SAIT Office of the Registrar

AA211, Heritage Hall
1301 - 16 Avenue NW
Calgary, AB T2M 0L4
Phone: 403.284.7248
Toll-free: 1.877.284.7248
Fax: 403.284.7112
Email: **transfer.options@sait.ca**
Web: **sait.ca/admissions/transfer-options**

Recognition of Prior Learning (RPL) Request

Policy Reference: **AC.3.18.1** & **AC.3.18.3**

Please review section D before completing sections A,B,C and E.

A) Personal Information

	Student ID Number	
Last Name	First Name	Middle Name
Address	City	Province
Preferred Number ☐ Home ☐ Cellular ☐ Business	Alternate Number ☐ Home ☐ Cellular ☐ Business	Postal Code
Email		

B) Program Information

Program you are interested in/SAIT program you are registered in	Have you previously received transfer credit within the SAIT program you are currently registered in? ☐ Yes ☐ No

C) Recognition of Prior Learning Information

For office Use only

RPL - Transfer Credit

Institution Name	Course Code Previously Completed **Note:** Provide detailed course outline for each course listed	Grade Received **Note:** Provide your transcript	Year Completed	SAIT Course Code for Credit Assessment (ie: MATH-238)	Current Banner Status		Decision		If Denied is PLAR Recommended		Entered on SHATRNS	Recorded on SHATATR
					Accepted	Denied	Accepted	Denied	Yes	No		

RPL - Prior Learning Assessment and Recognition (PLAR) - informal, non-formal and experiential learning

Please refer to sait.ca/admissions/transfer-options for requirements.												

D) Payment Information

Canadian post-secondary credit - Free

PLAR or International transfer credit - $155 per course to a max of $620

Fees for PLAR or International transfer credit will be added to your student account. Once the fee has been added, please make your payment through **mySAIT.ca** to avoid financial holds. Review payment options (**https://www.sait.ca/admissions/tuition-and-financial-aid/tuition-and-fees/payment-options**) to find our acceptable online payment methods. **Do not include your credit card information in the email or fax you send to the Office of the Registrar.**

E) Acknowledgement

I have read the requirements of this form and agree to pay the non-refundable fee(s).

Student Signature _____ Date _____

FOIP Statement

The personal information you provide on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act of the Province of Alberta, Section 33(c). This information will be used to process your prior learning assessment and recognition request. If you have any questions about the collection or use of this information, contact the FOIP Coordinator at 403.284.8748.