

REQUEST FORM FOR RECOGNITION OF PRIOR LEARNING

1 IDENTIFICATION					
Surname at Birth		First Name	Date of Birth (dd-mm-yyyy)		File Number (Permanent Code)
Civic Number	Street Name				Apt Number
Municipality			Province	Postal Code	
Main Phone Number	Work Phone Number		Ext	Other Phone Number	E-Mail Address

2 RECOGNITION OF PRIOR ACADEMIC LEARNING					
Name of the Program			Program Number		
Name of the Institution Where the Course Was Taken	Course Number	Title of the Course Taken	Number of Hours or Number of Credits	Note that it is the applicant's responsibility to identify the course for which an equivalency is requested.	
				ENPQ Course Number	Title of Equivalent Course (ENPQ)

3 RECOGNITION OF EXPERIENTIAL LEARNING (Documents to attach : Resume, Employer letter)	
ENPQ course Number	Course Title

4 PROFESSIONAL EXPERIENCE

Student Signature	Date dd-mm-yyyy
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PLEASE, do not forget to attach the following documents to your request :	
Academis learning : <ul style="list-style-type: none"> • Course outline • Other relevant documents 	Experiential learning : <ul style="list-style-type: none"> • Resume • Employer letter • Other relevant documents