

## ADMINISTRATIVE APPROVAL – PLEASE SIGN AND SUBMIT TO RECORDS DEPARTMENT:

**Dean’s name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Please print)

* Records – please set up with PLA CC 6326, program code PLA.
* Faculty reimbursement will be initiated by the Manager of Student Affairs upon receipt of the Summary of Results form from Records.

**Associate Vice President, Student Affairs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Faculty Reimbursement Approval)

**Student name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Please print)

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tick one of these : Currently Enrolled 🞎 or Not Currently Enrolled 🞎**

## VIUFA FACULTY, PLEASE COMPLETE THIS SECTION AND SUBMIT TO DEAN’S OFFICE:

**Course Code: PLAS 702T Section Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   
 (assigned by Records Dept.)

**Please Note:** Comprehensive Assessments use the course code PLAS 702T. Your Dean must contact the Records Department to have a section created for each instructor performing a Comprehensive Assessment. One section per instructor, per year, to a maximum of 5 students.

**List courses to be included in this assessment (minimum nine credits):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Number of Credits: \_\_\_\_\_\_\_\_\_ Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *($500.00 for first 9 credits, plus $15.00 per credit above 9 credits)*

Please note: All fees are subject to periodic review

**Assessment start date:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date (estimated): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructor name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Please print)

### VIUFA PLA REGISTRATION FORM

**Comprehensive Assessment**