



# Transfer Credit Letter of Permission

NAME		STUDENT NUMBER	
E-MAIL ADDRESS	PHONE NUMBER	BIRTHDATE	

**Coast Mountain College:**

**EXTERNAL INSTITUTION:**

INSTITUTION		
MAILING ADDRESS		
CITY	PROV	POSTAL CODE

It is the responsibility of the student to provide Coast Mountain College with detailed course outlines when submitting this request. Please allow 6-8 weeks for processing.

Transfer Credit requested as a replacement for the following:

**External Institution**

**CMTN**

**OFFICE USE ONLY**

COURSE NUMBER	COURSE TITLE	COURSE NUMBER	COURSE TITLE	COMMENTS

**Please Note:** Students are required to provide an official transcript from the external institution and submit the "Transfer Request" form to Coast Mountain College to formally complete the transfer process.

I understand that this information, along with subsequent information, is collected under the authority of the College and Institute Act. This information will be protected and used in compliance with the BC Freedom of Information and Protection of Privacy Act for the purpose of admission, registration, research, and other purposes consistent with the mandate of the institution.

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Type Name for Approval

\_\_\_\_\_

Date

**FOR OFFICE USE ONLY**

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Office of the Registrar Staff Signature

\_\_\_\_\_

Date