



TRANSFER CREDIT REQUEST FORM

Surname:	Given Name:	Student Number:
Street Address:	City:	Province:
Phone Number:	E-mail:	Preferred Name:

CMTN program for which you are requesting transfer credit: _____

Documentation Required:

Official, sealed Transcripts Included **OR**
Previously Submitted

Course Outlines if required

Please send as a complete package well in advance of start date

****STUDENT TO COMPLETE****

External Institution Courses

****OFFICE USE ONLY****

CMTN College Credit Granted

Institution	Course	Number	Credit	Grade

Course	Number	Credit	Grade

Student Signature

Date

Please note: Allow 6-8 weeks for processing. Coast Mountain College reserves the right to deny transfer credit for courses over 5 years old. Minimum grade considered for Transfer Credit is a "C". Transfer credit will only be processed for students that have been accepted to a CMTN program. Transfer credit awarded by Coast Mountain College may not necessarily be granted by another institution. M

OFFICE USE ONLY

Office of the Registrar Staff Signature

Date