

Transfer Credit Request Form

Today's Date: _____

Date Received: Registrar's Office

This form is to be completed by individuals pursuing transfer of credit by assessment and recognition of prior formal learning from a recognized institute.

- Official transcripts and Course Outlines are required to process the Transfer Credit Requests.
- Detailed course outlines will be requested for BC post-secondary courses that have not been previously articulated. The Course Search on bctransferguide.ca will allow you to see how individual courses transfer to each other.
- All requests from foreign and out-of-province institutions MUST include detailed course outlines supplied by the institution from the time period attended. Requests received without outlines will not be processed.
- 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 CMTN may not necessarily be granted by another institution.

Surname:	Given Name:	Student Number:
Phone Number	E-mail:	Address:

CMTN program for which you are requesting transfer credit: _____

Documentation Submitted: Check Appropriate box:

<input type="checkbox"/> Official Transcript(s) attached	<input type="checkbox"/> Official transcript(s) to follow <small>(Deadline: 6 weeks from request)</small>
<input type="checkbox"/> Official Course Outlines attached	<input type="checkbox"/> ICES Comprehensive Evaluation <small>(For International transfer requests)</small>

PLEASE NOTE: ALL TRANSCRIPTS and other Documents filed in support of your transfer credit request become the property of Coast Mountain College and will NOT be returned unless they are deemed to be irreplaceable.

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TO BE COMPLETED BY STUDENT

Course Previously Completed					CMTN Course Equivalent	
Course number and name of course completed	Date course completed	Credits earned/course hours	Name of institution where course was completed	Province or country if outside Canada	Course number and name for which credit is being requested	Credit Hours/ Course Hours

Declaration:	
By signing this application, I certify that all of the information/documents provided to support this request are is/authentic, accurate and true. I authorize use of all documentation by faculty for the purposes of assessing credit.	
Student Signature	Date (dd/mm/yy)

Office Use Only

Courses Awarded	Courses Denied

Office of the Registrar Staff Signature

Date