



TRANSFER CREDIT REQUEST FORM

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 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:	EMAIL:	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"/> \$25.00 Transfer Credit Fee Paid	<input type="checkbox"/> Official transcript(s) to follow (Deadline: 6 weeks from request)
<input type="checkbox"/> Official Course Outlines attached		<input type="checkbox"/> ICES Comprehensive Evaluation (For International transfer requests)

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.

COURSE PREVIOUSLY COMPLETED					CMTN COURSE EQUIVALENT	
Course Name & Number	Date course completed	Credits Earned/Course Hours	Name of institution where course was completed	Province or country if outside of Canada	Course name & number for which credit is being requested	Credit Hours/Course Hours

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.

_____	_____
Type Name for Approval	Date

Please submit this completed form to: info@coastmountaincollege.ca