



LETTER OF PERMISSION

(Pre-Approval for Transfer Credit)

NAME:	STUDENT NUMBER:
E-MAIL ADDRESS:	DATE OF BIRTH:

Reasoning for letter of permission request: Please check the appropriate box:

<input type="checkbox"/> Course is not offered at my campus	<input type="checkbox"/> Course scheduling conflict	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Long distance learning is preferred	<input type="checkbox"/> Other	<input type="checkbox"/>

If other, please provide a short statement.

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 a request for a transfer credit when the agreement does not exist on the BC Transfer Guide (bctransferguide.ca). Please allow 6-8 weeks for processing.

Letter of Permission 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, pay the \$25 transfer credit fee 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.

_____	_____
Type Name for Approval	Date

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