CAPILANO UNIVERSITY

REQUEST FOR TRANSFER CREDIT FORM

REGISTRAR'S OFFICE, 2055 PURCELL WAY, NORTH VANCOUVER, B.C., V7J 3H5
TEL: 604.984.4900

PLEASE READ CAREFULLY

1. All requests must be supported by a detailed course outline.
2. Approved requests are relevant at Capilano University only. Other institutions to which you may transfer have the option to evaluate your credits differently.
3. Should your transfer credit be approved as the same course you are currently registered in, you will **not** be automatically deregistered or withdrawn from that equivalent course at Capilano University. It is the student's responsibility to ensure that course registration is kept up to date.

PERSONAL INFORMATION – Complete all information in this section

LEGAL LAST NAME/FAMILY NAME		LEGAL FIRST NAME
STUDENT NUMBER	PHONE NUMBER	PROGRAM OF STUDY
SIGNATURE	DATE	

TRANSFER INSTITUTION and COURSE INFORMATION

INSTITUTION NAME

☐ TRANSCRIPT ATTACHED
☐ TRANSCRIPT PREVIOUSLY SUBMITTED

COURSE COMPLETED	COURSE TITLE	CREDIT HOURS	YEAR TAKEN	GRADE

REGISTRAR'S OFFICE USE ONLY

ENTERED BY:	DATE: