

REQUEST FOR TRANSFER CREDIT

Registrar's Office, Birch Building, room BR230, 2055 Purcell Way, North Vancouver, B.C. V7J 3H5

 Email: transfercredit@capilanou.ca
PLEASE READ CAREFULLY

All requests must be supported by a detailed course outline.

Approved requests are relevant at Capilano University only. Other institutions to which you may transfer have the option to evaluate your credits differently.

 Should your transfer credit be approved, you will **not** be automatically deregistered or withdrawn from any courses at Capilano University. It is the student's responsibility to ensure that course registration is kept up to date.

PERSONAL INFORMATION – PART 1 Complete all information in this section

STUDENT NUMBER	LEGAL LAST NAME	LEGAL FIRST NAME
PHONE NUMBER	PROGRAM OF STUDY	
SIGNATURE		DATE (MM/DD/YYYY)

TRANSFER INSTITUTION and COURSE INFORMATION – PART 2

INSTITUTION NAME		<input type="checkbox"/> TRANSCRIPT ATTACHED <input type="checkbox"/> TRANSCRIPT PREVIOUSLY SUBMITTED			
COURSE COMPLETED	COURSE TITLE	CREDIT HOURS	YEAR TAKEN	GRADE	EQUIVALENT CAPILANO SUBJECT AREA

REGISTRAR'S OFFICE USE ONLY

ENTERED BY:	DATE (MM/DD/YYYY)
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