



TRANSFER CREDIT REQUEST FORM

GENERAL INFORMATION

Complete this form only if you wish to:

1. Enrol in a course that requires a post-secondary level prerequisite that you have completed at another institution or,
2. Use transfer credit for graduation purposes (associate degree).

The following documents are required to support your request:

1. Institutions within British Columbia: Original official transcript. Detailed course outlines may be requested.
2. Institutions outside British Columbia: Original official transcript and detailed course outlines.

Notes:

1. Required course outlines must be specific to/effective for the semester the course was completed.
 2. Transcripts (and all required translations of transcripts and course outlines) must be original official documents.
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RESTRICTIONS

1. You may not transfer more than 30 credits from your previous institution.
 2. Do not include courses that are currently in progress. Only courses successfully completed will be considered for transfer credit.
 3. For Graduation: requests for transfer credit (with all supporting documentation attached) to meet graduation requirements should be made when you begin your program or as soon as the course is graded and you are able to obtain an official transcript showing that grade.
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IMPORTANT NOTES FOR TRANSFER CREDITS FOR GRADUATION PURPOSES

1. Requests must be submitted before end of January to ensure transfer credit requests are processed in time for the convocation ceremonies in May.
2. You must submit an Application for Graduation if you wish to receive your program's credential.



STUDENT INFORMATION

LEGAL LAST NAME OR FAMILY NAME	LEGAL FIRST OR GIVEN NAME
EMAIL ADDRESS	PRIMARY TELEPHONE
TRANSFERRING INSTITUTION	CORPUS PROGRAM

NOTE:

OFFICIAL TRANSCRIPT is required to process transfer credit request. If you have not submitted an official copy of your academic transcript to the college yet, please request a copy to be sent directly to Corpus Christi College - Office of the Registrar by the issuing institution. **During the COVID-19**, electronic transcripts will be accepted, issuing institution could send to registrar@corpuschristi.ca

Official transcript has been ordered on _____

(DD) (MM) (YY)

REQUEST TO ADD TRANSFER CREDIT

COMPLETED COURSE COURSE CODE & COURSE TITLE	GRADE	* OFFICE USE ONLY		
		CCC EQUIVALENT	CREDIT(S)	INITIAL
		TOTAL CREDITS		

DECLARATION:

I have carefully read all the information on this form before submitting; and I certify that the information I provided above is true, correct and complete.

STUDENT SIGNATURE
