

## TRANSFER CREDIT REQUEST FORM

PLEASE PRINT CLEARLY						
Student Number:						
Name						
Last		First		Middle		
Address		C'.		Description	Destal Code	
Street	All Di	City	F. W. ''	Province	Postal Code	
Telephone () Program:			E-Mail			
Confederation College co						
Course Number:						
Course Name:						
Course to be assessed (at	tach detailed course outlir	ne and official	l academic transcrip	t):		
Course Number		Cour	rse Name			
Institution*		Mar	·k			
*Do not use this form for a obtained from your progra				on on course equiv	valencies can be	
<b>Note</b> : Use one form for ea	ach course request. Only	request forms	s with all supporting	documents attach	ed will be processed	
RETURN FORM TO:	Admissions & Registrat 1450 Nakina Drive, Thui				-4512	
If you are applying for m same time. (\$25 for one e			um fee is \$50 if all t	the exemptions ar	e applied for at the	
	C	FFICE USE	CONLY			
Request assigned to		(Admissio	on/Registration Offi	cer) Date:		
Charge Applied to Student Account				(date)		
Request forwarded to:			(coordinator) Date:			
Returned:	(date)					
Approval Granted:	Authorized Sigr	nature:				
Entered into System by		Date:				
Approval Denied:	(date)	Authorized	Signature:			
Student Notified by:						
Comments:						