

Application for Credit

| Student ID number | DOB / / | IMPORTANT INFORMATION 1. Application for Credit will only be considered for study successfully | | |
|-----------------------|----------------|--|--|--|
| Family Name | | completed at a Tertiary Institution The maximum number of possible exemptions that a student may apply | | |
| First Names | | for is 50% of their total program course requirements 3. You must submit with this form: | | |
| Program Enrolled | | (a) a certified copy of your academic record, and (b) Curriculum statements that specify the required learning outcon | | |
| Intended University p | program | (c) Evidence that the language of instruction was English ALL INFORMATION SUBMITTED MUST BE IN ENGLISH | | |

| Course(s) undertaken at other Institutions | | | | | Office Use Only | | | |
|--|-------------------|-----------------|----------------|-----------------------------|--------------------|-------------|-----------------|--|
| Name of Institution | | Program Studied | | | Diploma Equivalent | Approved | | |
| | | | Course Studied | | Course | Yes / No | Date Entered | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| Stu | Student Signature | | Date: / / 20 | Academic Director Signature | | Date: | Date: / / 20 | |

| Office use only | Received by: | Name | |
|-----------------|--------------|------|--|
| | On: | Date | |