



# APPLICATION FOR TRANSFER CREDIT

<b>Student Name</b> _____	<b>Student #</b> _____
<b>Address</b> _____	<b>Former Name</b> _____
<b>City/Province</b> _____	<b>Phone #</b> _____
<b>Postal Code</b> _____	<b>Program</b> _____

Note: Any transfer credit awarded is applied to your NIC program only. Upon transferring to another institution, your documents must be re-evaluated.

**Please check one of the following:**

<input type="checkbox"/>	I have attached an official transcript in a <b>sealed envelope</b> from my former institution.
<input type="checkbox"/>	I have requested a transcript from my former institution to be sent directly to the Registrar's office.
<input type="checkbox"/>	I have paid a \$20.00 out of province transcript evaluation fee (per transcript) and will provide detailed descriptions for the courses for which I am requesting credit.

Please list the courses for which you expect credit: **Please allow 6 - 8 weeks for processing.**

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**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Submit completed application to: Registrar's Office  
North Island College  
2300 Ryan Road  
Courtenay, BC V9N 8N6

**Credit Card #:** \_\_\_\_\_  
**Expiry Date:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

**FOR OFFICE USE ONLY – DO NOT WRITE IN THE SPACE BELOW**

Previous Institution				Assessed in terms of North Island College courses Courses notated <b>TRD</b> cannot be used to meet pre-reqs.			
Institution	Year	Course Code	Course Title	Course Code	Course Title	# Cr.	Granted

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Place Bar Code Here  
ATC**

Evaluated by: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Input by: \_\_\_\_\_  
 Date: \_\_\_\_\_