

Office of the Registrar
 2300 Ryan Road
 Courtenay BC V9N 8N6
 T: 250.334.5000 F: 250.334.5018

Student's FULL name and address (print clearly)			NIC STUDENT NUMBER	
NAME			FORMER NAME (If Applicable)	
ADDRESS			BIRTH DATE (YYYY/MM/DD)	
CITY	PROVINCE	COUNTRY		POSTAL CODE
PHONE NUMBER		E-MAIL ADDRESS		

NORTH ISLAND COLLEGE PROGRAM:

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Any transfer credit awarded is applied to your NIC Program only. Upon transferring to another institution your documents will be reevaluated.

Please Note: Official Transcripts must be received in a sealed envelope from your former institution(s). It is the responsibility of the student to provide **detailed** course descriptions for each course. Please allow 6 -8 weeks for processing. Transfer Credit will be applied once registered.

Please fill in completely indicating the courses to be evaluated.

INSTITUTION	YEAR	COURSE CODE	COURSE TITLE	OFFICE USE

FEES: No charge for in-province requests. Out of Province requires a \$20.00 payment. Payments may be made in person by VISA, MASTERCARD, American Express, debit card, cash, or cheque. Mailed requests must be accompanied by cheque or money order. To help prevent credit card Fraud, DO NOT write your credit card information anywhere on this form. If faxing in your request, a NIC representative will contact you directly for this information and your payment will be processed directly into a secured website. Requests will be processed once payment has been received.

\$20.00 / per external transcript

Total No. of Transcripts _____ @ \$20.00 = Total _____

I understand that this information, along with subsequent information, is collected under the authority of the College and Institute Act. This information will be protected and used in compliance with the BC Freedom of Information and Protection of Privacy Act for the purpose of admission, registration, research, and other purposes consistent with the mandate of the institution.

_____ Student Signature

_____ Date

FOR SRO USE ONLY

Evaluated Date: _____
 Input Date: _____ Input By (initials): _____

FOR CAMPUS/CENTRE USE ONLY

Receipt No. _____
 RA Signature: _____