

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			BIRTHDATE (YYYY/MM/DD)	
CITY	PROVINCE	COUNTRY	POSTAL CODE	
PHONE NUMBER		E-MAIL ADDRESS:		

NORTH ISLAND COLLEGE PROGRAM:

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EXTERNAL INSTITUTION:

DEPARTMENT	INSTITUTION	
MAILING ADDRESS		
CITY	PROV	POSTAL CODE

It is the responsibility of the student to provide North Island College with detailed course descriptions when submitting this request. Please allow 6-8 weeks for processing.

<i>External Institution</i>		Transfer Credit requested as a replacement for the following: <i>North Island College</i>	
COURSE CODE	COURSE TITLE	COURSE CODE	COURSE TITLE

Please Note: Students are required to provide an official transcript from the external institution and submit the "Application for Transfer Credit" form to North Island College, to formally complete the transfer process.

FEES: The Letter of Permission Request document will be processed once payment has been received. Payments may be made in person by VISA, MASTERCARD, American Express, debit card, cash, or cheque. Mailed in requests must be accompanied by cheque or money order. 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.

Letter of Permission Request - \$5.00 Cost: _____

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

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FOR CAMPUS/CENTRE USE ONLY

Receipt No. _____

RA Signature: _____