



APPLICATION FOR TRANSFER OF COURSE CREDIT

STUDENT NAME:

STUDENT NUMBER:

EMAIL ADDRESS:

PROGRAMME:

I have read the *Transfer of Credit Regulations*, and wish to apply for transfer of credit for the following Marine Institute course(s):

CREDIT INFORMATION

MI COURSE NAME & NUMBER	INCOMING COURSE NAME/NO. AND INSTITUTION	STATUS (APPROVED/DENIED)	INITIALS AND DATE

Once this form is completed, or if you have any questions regarding the completion of this form, please email: sherri.halleran@mi.mun.ca.

STUDENT SIGNATURE

DATE

Access to Information and Protection of Privacy: The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is needed for and will be used to update your student record. If you have any questions about the collection and use of this information, contact the Office of the Registrar at miregistrar@mi.mun.ca.