TRANSFER CREDIT EVALUATION FORM

Student Number	Date:

PLEASE PRINT *for use in window envelopes*

Name	
Street	
City/Province	Postal Code

Phone: ( ) -

Please Note:

1. Transfer credit is program specific.
   If changing your program, contact Academic Advising.
2. It is your responsibility to withdraw from duplicate courses.
3. Upon transfer to another institution, your documents will be re- evaluated.

Program Name: _____

Office Use Only

External Institution Courses						Camosun College Credit granted.				
Institution	Course	Number	End Date mm/dd/yy	Credit	Grade	Course	Number	Credit	Grade	Dept. Signature

Comments: _____

_____

_____

Evaluated by: _____ **Local:** _____ **Date:** _____ **Input by:** _____ **Date:** _____