



# Transfer Credit Re-evaluation Program Change Form

3100 Foul Bay Road, Victoria, BC V8P 5J2  
Phone: 250-370-3550 Fax: 250-370-3551

Camosun College Student Number (if known)

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Social Insurance Number (optional)

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Birth date

M	M	D	D	Y	Y
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Gender

Female

Male

Full legal name

Last	First
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Former name (if applicable)

Last	First
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Address

Street		
City	Province/State	Postal code / Zip code

Email address

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Telephone number

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Program you would like this re-evaluation assessed for

Provide the specific program name as shown in the Camosun College Calendar
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I am requesting evaluation of my transcripts from the following post-secondary institutions

	<input type="checkbox"/> Attached <input type="checkbox"/> To follow <input type="checkbox"/> On file
	<input type="checkbox"/> Attached <input type="checkbox"/> To follow <input type="checkbox"/> On file
	<input type="checkbox"/> Attached <input type="checkbox"/> To follow <input type="checkbox"/> On file

Signature

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Date

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