



Request for Transfer Credit Evaluation

Camosun College attn: Student Records
 3100 Foul Bay Road
 Victoria BC V8P 5J2
 Fax. 250-370-3551
 P. 1-877-554-7555 P. 250-370-3550
 Email: transfercredit@camosun.bc.ca

Fees are non-refundable

\$50 within BC, Athabasca University & Yukon University \$80 other Canadian Provinces \$100 International (includes USA)

Important Information:

- Detailed course syllabi/outlines are required for all BC post-secondary courses not previously articulated. Please refer to the BC Transfer Guide at: <https://www.bctransferguide.ca/>
- Detailed course syllabi/outlines are required for all post-secondary courses taken outside of BC.
- If your official transcript and/or course syllabi/outlines are not written in English, certified English translations must accompany the original documents.
- Processing time: 8-10 weeks once all documentation is received.
- Posted deadlines to ensure transfer credits are done in time for registration are as follow: February 1 for Fall term, prior to August 15 for Winter term and prior to December 15 for Summer term.
- Evaluation does not guarantee applicable credit towards your chosen credential. Please contact an academic advisor at academicadvising@camosun.bc.ca regarding applicability of transfer credits.
- Approved transfer credits to Camosun College does not guarantee transfer credit at other post secondary institutions.
- For information regarding our Transfer Credit process, please visit our website at <http://camosun.ca/services/student-records/transfer-credit.html>

PERSONAL INFORMATION

Full Name:	Former Name (if applicable):	Birth Date (MM/DD/YY):
Camosun Student Number: C	Program:	Student Type: Domestic International
Email Address:	Phone Number:	
Signature:	Date:	

Please evaluate my transcripts from the following post-secondary institutions:

Institution Name	<input type="checkbox"/> Attached	<input type="checkbox"/> To Follow	<input type="checkbox"/> On file
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete payment information below ONLY if submitting request to transfercredit@camosun.bc.ca

Credit Card Number:		
Expiration Date:	CSC:	Signature: