

Application for Transfer of Credit

Name: _____ Student Number: _____

Telephone: _____ E-Mail _____

Street Address: _____

Town/City: _____ Province: _____ Postal Code: _____

Requests for courses already in progress will not be considered after the second week of classes.

List Jane Norman College Course(s) for which you seek Transfer of Credit :

<u>Course #</u>	<u>Name</u>
1.	_____
2.	_____
3.	_____
4.	_____

Indicate below the post secondary course(s) you are submitting for review. Transcripts and course outlines must be attached:

<u>Course #</u>	<u>Name</u>	<u>Institution</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Signature: _____ Date: _____

Office Use Only:

Date Application Reviewed: _____ Authorized Signature: _____

Credits Awarded: _____ / _____ / _____ / _____ / _____ / _____

Date Decision Released: _____ Applicants Signature*: _____

*Applicant must sign and return a copy to Truro office before the award is official. Applicants are responsible for keeping an up to date record of all transfer credits in order to prevent them from enrolling in courses for which credits were already awarded.