



Castlegar Campus
 301 Frank Beinder Way
 Castlegar, BC V1N 4L3
 Phone: (250)365-7292
 FAX: (250)365-6568

Application for Transfer Credit

NAME: _____

STUDENT NUMBER: _____

- PLEASE NOTE:**
1. This Application should be filled out in consultation with the School Chair.
 2. Application for Transfer Credit at Selkirk College must be based upon formal studies at a post-secondary institution.
 3. In order to obtain Transfer Credit for course completed at another institution, official transcripts from that institution must be submitted
 4. Course outlines will be required where Transfer Credit is sought for course completed at institutions outside British Columbia

Please evaluate my transcript from: _____ to establish Transfer Credit at Selkirk College for the courses listed in the left hand column below.

PLEASE PRINT NEATLY

DO NOT PRINT IN SHADED AREAS – OFFICE USE ONLY

STUDENT USE ONLY		COLLEGE USE ONLY				
PREVIOUS INSTITUTION		SELKIRK COLLEGE				
Course Name	Course number	Course Name	Course number	Semester hours	Department approval	Does this course transfer to other institutions
Total Transfer Credits						

___ Transcripts previously submitted

___ Transcripts attached

___ Course outlines attached

DATE OF APPLICATION

APPLICANT'S SIGNATURE

REGISTRAR

Received by: _____

RETURN COMPLETED APPLICATION TO THE REGISTRAR'S OFFICE

FOR RECORDS OFFICE USE ONLY

DATE ENTERED ON STUDENT TRANSCRIPT YEAR ____ MONTH ____ DAY ____.

INPUT COMPLETED BY: _____.