



# Credit Transfer Request Form

Student #: \_\_\_\_\_

Program: \_\_\_\_\_

Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Credit transfer requests should be received prior to the start of the semester.**

Students requesting credit transfer(s) must be confirmed in a program and must:

1. Complete this request form and submit it to the Credit Transfer Office by mail or by email: CreditTransfer@conestogac.on.ca.
2. Attach all relevant course outlines and official transcripts. Examples of completed assignments/project work may be required.

Students must meet the minimum grade requirement for course-to-course equivalency. Until the application for credit transfer has been reviewed and officially approved, students must continue to attend the course(s) for which they are requesting credit. A maximum of 75% of the required program credits may be completed through Prior Learning Assessment and/or Credit Transfer. Once a decision is made students will be notified through their Conestoga email account.

### I AM REQUESTING CREDIT FOR:

### BASED ON THE FOLLOWING INFORMATION:

Conestoga Course Code(s) and Version: \_\_\_\_\_

Previous Institution: \_\_\_\_\_

\_\_\_\_\_

Course Code(s): \_\_\_\_\_

Course Title(s): \_\_\_\_\_

Course Title(s): \_\_\_\_\_

\_\_\_\_\_

Grade: \_\_\_\_\_ % Month/Year Completed: \_\_\_\_\_ / \_\_\_\_\_

### For Faculty and Chair Use Only

Approved - All Students     Approved - This Student Only

Minimum Grade Required: \_\_\_\_\_ %

Denied - All Students     Denied - This Student Only

Effective Dates (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Reason for denial (mandatory): \_\_\_\_\_

Faculty Name (please print): \_\_\_\_\_

\_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Chair Signature: \_\_\_\_\_

### I AM REQUESTING CREDIT FOR:

### BASED ON THE FOLLOWING INFORMATION:

Conestoga Course Code(s) and Version: \_\_\_\_\_

Previous Institution: \_\_\_\_\_

\_\_\_\_\_

Course Code(s): \_\_\_\_\_

Course Title(s): \_\_\_\_\_

Course Title(s): \_\_\_\_\_

\_\_\_\_\_

Grade: \_\_\_\_\_ % Month/Year Completed: \_\_\_\_\_ / \_\_\_\_\_

### For Faculty and Chair Use Only

Approved - All Students     Approved - This Student Only

Minimum Grade Required: \_\_\_\_\_ %

Denied - All Students     Denied - This Student Only

Effective Dates (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Reason for denial (mandatory): \_\_\_\_\_

Faculty Name (please print): \_\_\_\_\_

\_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Chair Signature: \_\_\_\_\_