



**Date Stamp**  
(For Official Use Only)

## Transfer Credit Request Form

Office of the Registrar · 5331 McConnell Avenue · Terrace, BC V8G 4X2 · Phone: 250-635-6511 Fax: 250-638-5476

\_\_\_\_\_  
Last Name                      First Name

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Street

\_\_\_\_\_  
Email

\_\_\_\_\_  
City                              Province

**Please submit request well in  
advance of start date.**

\_\_\_\_\_  
Postal Code                      Phone Number

NWCC program for which you are requesting transfer credit: \_\_\_\_\_

**Please evaluate my POST-SECONDARY OFFICIAL  
TRANSCRIPT(S) from:**

1. \_\_\_\_\_

- Official Transcripts Attached
- Official transcript(s) Previously submitted.

2. \_\_\_\_\_

- Official Transcripts Attached
- Official transcript(s) Previously submitted

**\*\*STUDENT TO COMPLETE\*\***  
**External Institution Courses**

Institution	Course	Number	Credit	Grade

**\*\* OFFICE USE ONLY \*\***  
**NWCC College Credit Granted**

Course	Number	Credit	Grade

*Transfer credit awarded by NWCC may not necessarily be granted by another institution.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**


\_\_\_\_\_  
Office of the Registrar Staff Signature

\_\_\_\_\_  
Date