



Application for Transfer Credit

Transfer credit at College of the Rockies may be granted only for formal studies completed successfully at another recognized educational institution.

Residency requirement: 25% of required credits for certificates, diplomas or associate degrees must be completed at College of the Rockies.

Transfer credit is only granted when it is applied to a College of the Rockies Certificate, Diploma or Degree. Please see College Calendar for degree residency requirements.

Please have your institution forward an official transcript to the College of the Rockies by mail or email to reghelp@cotr.bc.ca. Please provide detailed course outlines from the year the course/s were taken. Course descriptions from College/University calendars are not sufficient. A student who receives transfer credit for a course in which he or she is already registered is responsible for withdrawing from that course.

Name

COTR Student #

Address

Phone #

Signature

Date

DECLARATION

Freedom of Information/Protection of Privacy

The College of the Rockies complies with the Freedom of Information/Protection of Privacy legislation of the Province of British Columbia. Information collected on this form is used in the normal course of College operations in accordance with this legislation.

Please read the following before signing:

I declare that the information contained in this form is to the best of my knowledge, complete and correct. I hereby agree to comply with the rules and regulations of the College.

- Official transcript(s): submitted previously attached to follow
- Have you applied to College of the Rockies? Yes No
- If currently attending, state program: _____
- State Certificate, Diploma, or Degree you wish the transfer credit be applied to: _____
- Complete information below and return to the Office of the Registrar.

Course for which Transfer Credit requested	Institution at which courses taken	Final Grade	Equivalent to College of the Rockies course	FOR OFFICE USE ONLY		
				Transfer Credit Granted	Recorded on Permanent Record	
					By	Date
1.						
2.						
3.						
4.						
5.						

FOR Office of the Registrar USE ONLY

Transfer Student

PROCESSED BY

ARTICULATION OFFICER _____ DATE _____

TRANSFER CREDIT APPROVED AS SHOWN ABOVE

REGISTRAR _____ DATE _____