



Request for Transfer Credit Evaluation

Camosun College attn: Student Records
 3100 Foul Bay Road
 Victoria BC V8P 5J2
 Fax. 250-370-3551
 P. 1-877-554-7555 P. 250-370-3550
 Email: transfercredit@camosun.bc.ca

Fees are non-refundable

\$50 within BC, Athabasca University & Yukon University \$80 other Canadian Provinces \$100 International (includes USA)

Important Information:

1. Detailed course syllabi/outlines are required for all BC post-secondary courses not previously articulated. Please refer to the BC Transfer Guide at: <https://www.bctransferguide.ca/>
2. Detailed course syllabi/outlines are required for all post-secondary courses taken outside of BC.
3. If your official transcript and/or course syllabi/outlines are not written in English, certified English translations must accompany the original documents.
4. Processing time: 8-10 weeks once all documentation is received.
5. Posted deadlines to ensure transfer credits are done in time for registration are as follow: February 1 for Fall term, prior to August 15 for Winter term and prior to December 15 for Summer term.
6. Evaluation does not guarantee applicable credit towards your chosen credential. Please contact an academic advisor at academicadvising@camosun.bc.ca regarding applicability of transfer credits.
7. Approved transfer credits to Camosun College does not guarantee transfer credit at other post secondary institutions.
8. For information regarding our Transfer Credit process, please visit our website at <http://camosun.ca/services/student-records/transfer-credit.html>

PERSONAL INFORMATION

Full Name:	Former Name (if applicable):	Birth Date (MM/DD/YY):
Camosun Student Number: C	Program:	Student Type: Domestic International
Email Address:	Phone Number:	
Signature:	Date:	

Please evaluate my transcripts from the following post-secondary institutions:

Institution Name	<input type="checkbox"/> Attached	<input type="checkbox"/> To Follow	<input type="checkbox"/> On file
	<input type="checkbox"/> Attached	<input type="checkbox"/> To Follow	<input type="checkbox"/> On file
	<input type="checkbox"/> Attached	<input type="checkbox"/> To Follow	<input type="checkbox"/> On file

Please complete payment information below ONLY if submitting request to transfercredit@camosun.bc.ca

Credit Card Number:		
Expiration Date:	CSC:	Signature: