



# Request for Transfer Credit Re-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

- Please use this form for **transfer credit re-evaluation** of courses previously articulated on original transcript submitted; no additional fees apply
- Please provide final transcripts if no grades were posted on the original transcript submitted
- For evaluation of new courses, not listed on the original transcript, please submit the ["Request for Transfer Credit Evaluation" form](#); applicable fees apply

### Important Information:

1. Detailed course syllabi/outlines are required for all BC post-secondary courses not previously articulated. Please refer to the BCTransfer 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 detailed 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](mailto: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

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

### RE-EVALUATION INFORMATION

Please re-evaluate my transcript(s) from the following post-secondary institution(s):

1.	<input type="checkbox"/> Attached <input type="checkbox"/> To Follow <input type="checkbox"/> On file
2.	<input type="checkbox"/> Attached <input type="checkbox"/> To Follow <input type="checkbox"/> On file
3.	<input type="checkbox"/> Attached <input type="checkbox"/> To Follow <input type="checkbox"/> On file