



APPLICATION FOR CREDIT FOR PREVIOUS EDUCATION

Student Name:

Student Number:

Program:

APPLICANT: Complete & submit to transfercredit@assiniboine.net as soon as possible after acceptance to a program.				Office Use Only: (to be completed by school dean/director/designate)			
Name of Educational Institution	Course Number	Course Name	# of Credits	Course Number	Course Name	# of Credits	All cases* (Y/N)
Thompson River University	BUSM 173	Organization Behaviour	3	PSSY-0004	Organizational Behaviour	3	Yes

I have attached official transcripts and course descriptions and/or course outlines in support of my request for credit. Incomplete form(s) will be returned to applicant.

Applicant signature:

Date:

School authorization: signature

printed name

Date:

Registrar's office: signature

printed name

Date:

* If the credit for the AC course will always be approved from the institution and external course shown, answer "Yes"; otherwise answer "No"