



Registrar's Office
 1430 Victoria Avenue East
 Brandon, MB R7A 2A9
 transfercredit@assiniboine.net

APPLICATION FOR CREDIT FOR PREVIOUS EDUCATION

Student Name:	Student Number:							Program:
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APPLICANT:				Office Use Only:			
Complete & submit to the Registrar's Office as soon as possible after acceptance to a program. Policy A20: Refunds, Registration, Adding and Dropping of Courses applies.				(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)
<i>Example Canadian College/University</i>	<i>BUSM 173</i>	<i>Professional Communications</i>	<i>6</i>	<i>COMM-0338</i>	<i>Professional Communications</i>	<i>6</i>	<i>Yes</i>

Refer to Policy A07: Credit for Previous Education for policy and procedural guidance.

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

This publication is available in alternative formats. Please contact accessibility@assiniboine.net or call 204.725.8700 ext. 6052

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 the applicant.

Applicant signature:		Date:	
School authorization:	signature	printed name	Date:
Registrar's office:	signature	printed name	Date: