

Transfer Credit Letter of Permission – Undergraduate

LAST NAME	FIRST NAME	INITIAL	ID NUMBER
Email Address		Phone	
Degree/Major	Anticipated Date of Graduation		
Faculty Advisor	<small>(mm/dd/yyyy)</small>		

Reason why you want to take the course(s) for transfer to TWU

Please also mention if you need the course for a specific reason (e.g., Natural Science Core Requirement)

Host Institution Information

Name _____	Address _____ _____ _____
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Host Institution Course Details

Please attach all syllabi unless the course is listed in the BC Transfer Guide (www.bctransferguide.ca)

Course Code	Course Title	Course Start Date <small>(mm/dd/yyyy)</small>	Credits <small>(Semester Hours)</small>	TWU Equivalent <small>(Office Use Only)</small>

Note to Student

Permission may be granted for you to enroll in the courses listed above, subject to approval of the Host Institution, subject to the following understanding:

- You must obtain a grade of D (53% or 1.00) or better for each course, unless otherwise specified by departmental requirements (see TWU Calendar for details).
- If you substitute or change enrolment in any of the above courses you must contact TWU Office of the Registrar in writing.
- Please allow 2-4 weeks to process your request.

Upon Completion of the course you must have an official transcript sent to the Office of the Registrar at Trinity Western University.

A \$25 fee is required upon submission of this form (per institution, 5 course maximum), unless the institution is listed as a Sending institution in the BC Transfer Guide.

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Student's Signature

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Date

Total Service Fee _____ Cash/Cheque Debit Credit Balance on Student Account

For Office Use Only

Date Received:	Payment Received:	Initials:
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