

STUDENT INFORMATION

First Name	Last Name	Middle Initial	U of S NSID (if applicable)
Address		City	Province/State
Country	Postal/Zip Code	Telephone Number	Email Address

1. TRANSFER CREDIT FOR: (ie. Hort 13.6 Applied Botany)

Course Number	Course Name
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2. COURSE(S) SUBMITTED FOR TRANSFER CREDIT

Course Number	Course Name
Course Institution	Mark Obtained

In some cases, you may need two transfer credit classes to fulfill the requirements for one PHC class especially in the case of the 6 credit classes.

Additional Course Number	Course Name
Course Institution	Mark Obtained

3. DOCUMENTARY EVIDENCE

Applications received without supporting documentation will not be accepted. Supporting documentation attached:

Official Transcripts* Course Outline
(including course objectives & evaluations)

*Official Transcripts must be on file with the PHC office or submitted directly from the Institution(s).

PHC Program Manager's Signature

Signature	Print Name	Date (mm/dd/yyyy)
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Department Head's Signature

Signature	Print Name	Date (mm/dd/yyyy)
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