**INSTRUCTIONS FOR THE STUDENT**If you wish to take a course at another university for transfer credit to Acadia, you must complete this form. If your request is approved, the host university will be issued a copy of this form and a copy of your Acadia transcript (if applicable).

**UNDERGRADUATE STUDENTS:** You are reminded that normally the last sixty hours (60h) required for your degree must be taken at Acadia, although you may transfer from elsewhere six hours (6h) of the last sixty hours (60h).

**GRADUATE STUDENTS:** You may be eligible to transfer a maximum of 12 credit hours. An evaluation of transfer credit is made by the academic unit in consultation with the Registrar.

**Letters of permission cannot be approved for students with an outstanding account balance at Acadia University.**

1. Complete this form and attach the host institutions course descriptions for all courses you would like to take. Course syllabi may also be required.
2. Request signature from Head of your Department confirming these courses are appropriate given your program requirements.

**INSTRUCTIONS FOR THE DEPARTMENT HEAD**Please review the information on this form and confirm by signing at the bottom of the page that the course(s) listed is/are appropriate given the student’s program requirements. The Registrar’s Office will then determine whether transfer credit will be given, consulting with relevant academic units on campus as required.

**To be completed by the student**

I am a(n) ❑ Undergraduate ❑ Graduate ❑ Outgoing Exchange student. *Select all that apply*.

Acadia Degree Program:

Full Name of Student: Acadia Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name of Host University at which you wish to take course(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Host University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form to be: ❑ Picked up ❑ Mailed to student address above ❑ Mailed to institution address above ❑ Faxed to fax number above

|  |  |
| --- | --- |
| **Expected Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **REGISTRAR’S OFFICE USE ONLY** |
| **Number and Title of Course at Host Institution**  | **Credit Hours** | **Transfer Credit at Acadia**  |
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*I confirm that the information I have provided above is accurate to the best of my knowledge.*

Student’s Signature: Date:

*I confirm that the course(s) listed above could be used towards the student’s degree program should they be deemed acceptable for transfer credit.*

Signature of Student’s Department Head/Director: \_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This document acknowledges the acceptability of the courses below towards an Acadia University degree. It DOES NOT confirm acceptance at the host institution. The student must apply to the host university in accordance with its procedures. Not all applications may be accepted by the host university. It is the responsibility of the student to ensure that grade(s) for course(s) are forwarded to the Acadia University Registrar’s Office by the host institution.*

Registrar’s Office: Date:

Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_