

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Program: \_\_\_\_\_

I have read the [Transfer of Credit Regulations](#), and wish to apply for a transfer of credit for the following Marine Institute course(s):

**CREDIT INFORMATION**

<b>COMPLETED BY APPLICANT</b>	MI COURSE NAME & NUMBER	INCOMING COURSE NAME/NO. AND INSTITUTION	<b>FOR INTERNAL OFFICE USE ONLY</b>	STATUS (APPROVED/ DENIED)	INITIAL AND DATE	

Once this form is completed, or if you have any questions regarding the completion of this form, please email [eoc@mi.mun.ca](mailto:eoc@mi.mun.ca).

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Access to Information and Protection of Privacy – The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is needed for and will be used to update your student record. If you have any questions about the collection and use of this information please contact the Registrar at [miregistrar@mi.mun.ca](mailto:miregistrar@mi.mun.ca).