

## OFFICE OF THE REGISTRAR

## Permission to Take Courses at Another Institution for Transfer Credit to Memorial University

You **do not** need to complete this form if you plan to attend: *Marine Institute, College of the North Atlantic* or a francophone university that is required under specific degree program regulations.

Before any evaluation can commence copies of <u>detailed course outlines/syllabuses</u> must be received by the Registrar's Office.

Use of any approved equivalent courses towards completion of a specific degree is subject to overall degree requirements (including Residence Requirements and academic unit regulations). Check with an advisor for your program before you complete equivalent courses at another institution to determine the applicability of course(s) towards your university degree. You must be in clear academic standing in order to be issued a letter of permission.

Processing Time: Approximately 4-8 weeks.

Fee: \$30 per institution per semester, non-refundable. This fee will be waived if you are transferring credits from an institution that has a formal exchange agreement with Memorial. Inquiries can be directed to transfer.credit@mun.ca or 709 864 4424.

Student Information				
MUN Student ID Number	First (Given) Name	Last (Family	) Name	
Telephone	@mun.ca email			
Degree		Major	Major	
Institution Details				
Institution you plan to attend		From (N	From (Month/Year) To (Month/Year)	
Address of Institution				
Course(s) to be Completed  Copies of course outlines/syllabuses are required for all courses listed		Equivalent Memorial University Course(s) (Office Use Only)		
Authorization Student Signature			Date (Month/Day/Year)	
	<b>Privacy:</b> The information on this form is collected under inquestions about the collection and use of this information		I rsity Act (RSNL 1990 c M-7). It is needed for, and will be used to egistration and Enrolment Services at 709 864 8260.	
Method of Payment				
Memorial University offers students	a variety of payment methods. Each methods is ment should be directed to <a href="mailto:cashiers@mun.ca">cashiers@mun.ca</a> .	described in detail by <u>Financial</u>	and Administrative Services.	
Credit Card (choose one): Visa	a Mastercard			
Credit Card Number			Expiry Date (MM/YYYY)	
Name on Card		Signature		
For Office Use Only		FOAPAL: 100001 46201 51968 4102		
institutions @ \$30 each = \$		Cashier's Stamp		