



# TRANSFER CREDIT REQUEST – PART-TIME STUDIES

## Student Information and Enrolment Services

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**Instructions:** 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved, 6) Submit to BCIT.

**Use this form only if you have already declared in a part-time studies program.**

Apply for transfer credit if there are courses in your BCIT program that you believe you have completed at another institution. Submit official transcript(s) and course outline(s) for all proposed transfer credits.

Fields marked with an asterisk (\*) are **mandatory**.

### PERSONAL INFORMATION

Your BCIT ID Number <b>AO</b> <small>First time at BCIT? We will create your student number.</small>	Personal Education Number (PEN) <small>For current or past BC high school students only.</small>	Birth Date (DD-MMM-YYYY)*
Legal First Name (given name)*	Middle Name	Legal Last Name (family name)*
Preferred First Name	Previous Last Name (e.g. maiden name)	Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female

### CONTACT INFORMATION

Mailing Address (number and street)*		Please provide at least one phone number*	
		Home Phone Number	
City*	Province	Postal Code*	Mobile Phone Number
Country*	Personal (non-BCIT) Email Address*		

### CITIZENSHIP / LANGUAGE

Status in Canada* <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Diplomat or Diplomat Dependent <input type="checkbox"/> Live-In Caregiver Work Permit <input type="checkbox"/> Non-Canadian – Distance/Online <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee – Claimant <input type="checkbox"/> Refugee – Status Granted <input type="checkbox"/> Study Permit <input type="checkbox"/> Visitor or Visitor Visa <input type="checkbox"/> Work Permit	Country of Citizenship*	Do you identify yourself as an Aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No  If you identify yourself as an Aboriginal person, are you (please check all that apply): <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit  Please send me information on services available to Aboriginal students. <input type="checkbox"/> Yes <input type="checkbox"/> No
	Country of Birth*	
	Is English your primary language?*	

I would like transfer credit for the following courses. (List continues on next page if needed)

							OFFICE USE ONLY
BCIT Subject Code	BCIT Course Number	Post-secondary institution where equivalent course was completed	Other PSI Subject Code	Other PSI Course Number	Grade	Year Completed	Program Area Approval
1.							
2.							
3.							
4.							
5.							

**TRANSFER CREDIT (CONTINUED)**

TRANSFER CREDIT (CONTINUED)							OFFICE USE ONLY
BCIT Subject Code	BCIT Course Number	Post-secondary institution where equivalent course was completed	Other PSI Subject Code	Other PSI Course Number	Grade	Year Completed	Program Area Approval
6.							
7.							
8.							
9.							
10.							

**OFFICE USE ONLY**

Advisor Comments

Advisor Comments	
BCIT Authorization	Date

**TRANSFER CREDIT**

- > Transcripts must be translated into English by an official translator
- > Course outlines should include description of learning outcomes, course length (total hours), textbook details and method of evaluation
- > Contact your previous post-secondary institution to obtain the required documents

**PROCESSING TIME**

Please allow up to 8 weeks for processing.

**QUESTIONS**

Information about part-time studies programs is available at [bcit.ca/study](http://bcit.ca/study).