



COURSE CREDIT/EXEMPTION

Student Records

SW1–1st Floor, 3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

T 604.432.8353 F 604.431.0817 E records@bcit.ca

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.

IMPORTANT

This form is used to apply for internal and external course credit in your program. Complete one application per course. Once processed, you will be notified via myBCIT of your course assessment status. Continue to attend class until you have been notified.

Deadline: Submit this application within 14 days of term start.

Required documents:

- Official transcript (hard copy) – required to apply for transfer (external) credit.
- Course outline – strongly recommended for transfer credit applications.

Course load requirements:

- Graduation – BCIT policy allows transfer credit up to 50% of the total credits required to earn certification.
- BC and Canada Student Loans – A minimum 60% full-time course load is required each term.
- Graduating awards – Students must carry a 100% course load in their final two terms.
- BCIT scholarships – Students must carry a 100% course load in the two terms being considered.

Please note: Full-time tuition will not be reduced when course credit has been granted.

STUDENT INFORMATION

| | | | |
|--|-------------------------------|---------------------------------|----------------|
| Your BCIT ID Number A0 | Legal First Name (given name) | Legal Last Name (family name) | |
| Program Name | | | |
| Title of BCIT Course Requested for Credit/Exemption (e.g., Accounting 1) | | Course Number (e.g., FMGT 1100) | |
| Title of Completed Course | | Course Number | |
| Institution Where the Course Was Taken | | Grade Earned | Year Completed |

TO BE COMPLETED BY THE TEACHING PROGRAM HEAD / CHIEF INSTRUCTOR

| | | |
|--|--|--|
| <input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended. State reason: | | |
| Approve this transfer automatically in future? <input type="checkbox"/> Yes <input type="checkbox"/> No | What is the acceptable recency for this course? (years) | What is the minimum acceptable grade? (Provide both percentage and letter grades) |
| | | % Ltr. Grade |
| Name | Signature | Date (DD-MMM-YYYY) |

TO BE COMPLETED BY THE TECHNOLOGY PROGRAM HEAD / CHIEF INSTRUCTOR

| | | |
|---|-----------|--------------------|
| <input type="checkbox"/> Agree with recommendation <input type="checkbox"/> Disagree. State reason: | | |
| Name | Signature | Date (DD-MMM-YYYY) |

REGISTRAR'S OFFICE USE ONLY

| | | |
|--|-----------|--------------------|
| Credit has been: <input type="checkbox"/> Granted <input type="checkbox"/> Denied | Comments | |
| Processed By | Signature | Date (DD-MMM-YYYY) |