



# 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 [records@bcit.ca](mailto:records@bcit.ca)

### 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 14 days before the start of term.

#### 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 <b>A0</b>	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)
		% <input type="text"/> Ltr. Grade <input type="text"/>
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)