



**Mission:** To inspire lifelong learning and leadership through experience, excellence, and innovation.

**Vision:** Transforming the future through innovative learning.

**Values:** We value learner success, integrity, respect, community, excellence and innovation.

## TRANSFER CREDIT REQUEST

Course work must be successfully completed at a recognized or accredited post-secondary institution, and is relevant to the program that the student has applied to. Transfer credit may not be granted for work completed more than 7 years prior to the date of this request. Transfer credit will be awarded for equivalent credit course work if the final course grade is at least equivalent to the graduating GPA grade. This is a C grade in most programs. See Procedure 5.61.

### Procedure

1. The applicant must submit an application for admission
2. The applicant will complete and submit this form to the Office of the Registrar no later than 2 months prior to the start of the course.
3. For transfer credit, an official transcript must be submitted directly from the issuing institution. Photocopies are not accepted.
4. Be prepared to submit course outlines and additional documentation upon request

Email this request to [admissions@lakelandcollege.ca](mailto:admissions@lakelandcollege.ca), or  
for programs located on the Lloydminster campus fax to Student Services 780 875 1813  
for programs located on the Vermilion campus fax to Admissions Office 780 853 8594

|                          |             |               |
|--------------------------|-------------|---------------|
| Last Name                | First Name  | Middle Name   |
| Mailing Address          |             | Postal Code   |
| Home Phone Number        | Cell Number | Email Address |
| Lakeland College Program | Campus      | ID#           |

I am requesting transfer credit for course work completed at \_\_\_\_\_ (name institution)

| Credit Requested<br>List Lakeland<br>College<br>Course Number and Name | On The Basis of<br>List Issuing Institution<br>Course Number and<br>Name | Year | APPROVAL |    |                        |                            |                  |
|--|--|------|----------|----|------------------------|----------------------------|------------------|
|  |  |      | Yes      | No | Instructor<br>Initials | Dept.<br>Chair<br>Initials | Approval<br>Date |
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For further information or assistance contact the program Enrolment Specialist or Academic Advisor.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_