



Access to Information and Protection of Privacy - The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter -7) and is needed for and will be used to update your student record. If you have any questions about the collection and use of this information contact the Associate Registrar, Registration and Enrolment Services at 864-8260.

REQUEST FOR PERMISSION TO TAKE COURSES AT ANOTHER UNIVERSITY/COLLEGE FOR TRANSFER CREDIT TO MEMORIAL UNIVERSITY

Name: _____

Memorial ID Number: _____

Address: _____

Email: _____@mun.ca

Degree: _____ Major: _____

University you plan to attend: _____

Address: _____

Semester: _____

Table with 2 columns: Course/s to be Completed, Equivalent Memorial Course/s (For Office Use Only). Includes four rows of blank lines for entry.

Request must be submitted with xeroxed calendar descriptions of the course/s listed above.

TO THE STUDENT - PLEASE READ CAREFULLY: USE OF ANY APPROVED EQUIVALENT COURSES TOWARDS COMPLETION OF A SPECIFIC DEGREE IS SUBJECT TO OVERALL DEGREE REQUIREMENTS (INCLUDING RESIDENCE REQUIREMENTS AND DEPARTMENTAL 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 MEMORIAL UNIVERSITY DEGREE.

Signature: _____ Date: _____