

APPLICATION FOR CREDIT FOR PREVIOUS EDUCATION

Student Name:
 Student Number:

 Program:

| APPLICANT: <small>Complete & submit to Admissions & Registration as soon as possible after acceptance to a program.</small> | | | | Office Use Only: <small>(to be completed by school dean/director/designate)</small> | | | |
|---|-----------------|-------------------------------|--------------|---|---------------------------------|--------------|------------------|
| Name of Educational Institution | Course Number | Course Name | # of Credits | Course Number | Course Name | # of Credits | All cases* (Y/N) |
| <i>Thompson River University</i> | <i>BUSM 173</i> | <i>Organization Behaviour</i> | <i>3</i> | <i>PSSY-0004</i> | <i>Organizational Behaviour</i> | <i>3</i> | <i>Yes</i> |
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I have attached official transcripts and course descriptions and/or course outlines in support of my request for credit. Incomplete form(s) will be returned to applicant.

Applicant signature:

Date:

School authorization: signature

printed name

Date:

Registrar's office: signature

printed name

Date:

* If the credit for the ACC course will always be approved from the institution and external course shown, answer "Yes"; otherwise answer "No"

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