



**Memorial**  
University of Newfoundland

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

Name: \_\_\_\_\_

Memorial ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

University you plan to attend: \_\_\_\_\_

Address: \_\_\_\_\_

Semester: \_\_\_\_\_

<b>Course/s to be Completed</b>	<b>Equivalent Memorial Course/s (For Office Use Only)</b>
_____	_____
_____	_____
_____	_____
_____	_____

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

**PLEASE READ CAREFULLY:** ACCEPTANCE OF ABOVE COURSE/S WILL BE SUBJECT TO OVERALL DEGREE REQUIREMENTS (INCLUDING RESIDENCE REQUIREMENTS AND DEPARTMENTAL REGULATIONS). PLEASE CHECK WITH AN ADVISOR FOR YOUR FACULTY/SCHOOL TO DETERMINE APPLICABILITY OF COURSE/S TOWARDS YOUR MEMORIAL DEGREE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_