



Memorial

University of Newfoundland

Office of the Registrar
St. John's, Newfoundland, Canada A1C 5S7

APPLICATION FOR TRANSFER CREDIT EVALUATION

Semester for
which Admission
is being sought:

FALL (Sept.)
WINTER (Jan.)
SPRING (May)

INTERSESSION (May)
SUMMER SESSION (June)

NAME: _____	STUDENT NUMBER: _____
STREET ADDRESS: _____	CITY/TOWN: _____
PROVINCE/STATE: _____	POSTAL CODE: _____

PLEASE NOTE THAT, BEFORE ANY EVALUATION CAN COMMENCE, OFFICIAL TRANSCRIPT(S) AND COPIES OF CALENDAR COURSE DESCRIPTIONS MUST BE RECEIVED BY THE OFFICE OF THE REGISTRAR.

Degree/Diploma being sought at Memorial: _____	Intended Major/Area of Concentration at Memorial: _____	
POST SECONDARY INSTITUTIONS ATTENDED (excluding Memorial)	DATES ATTENDED FROM TO	DEGREE/DIPLOMA AWARDED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you wish to have only certain courses from your transcript evaluated, please indicate below:

COURSE NAME	COURSE NUMBER
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

STUDENT SIGNATURE: _____ DATE: _____