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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.)	<input type="checkbox"/>	INTERSESSION (May)	<input type="checkbox"/>
	WINTER (Jan.)	<input type="checkbox"/>	SUMMER SESSION (June)	<input type="checkbox"/>
	SPRING (May)	<input type="checkbox"/>		

NAME: _____	STUDENT NUMBER: _____
STREET ADDRESS: _____	CITY/TOWN: _____
PROVINCE/STATE: _____	POSTAL CODE: _____
EMAIL: _____@mun.ca	

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: _____