



OFFICE OF THE REGISTRAR

Permission to Take Courses at Another Institution for Transfer Credit to Memorial University

You **do not** need to complete this form if you plan to attend: *Marine Institute, College of the North Atlantic* or a francophone university that is required under specific degree program regulations.

Before any evaluation can commence copies of [detailed course outlines/syllabuses](#) must be received by the Registrar's Office.

Use of any approved equivalent courses towards completion of a specific degree is subject to overall degree requirements (including [Residence Requirements](#) and academic unit 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 university degree.

Processing Time: Approximately 4-8 weeks.

Fee: \$30 per institution per semester. This fee will be waived if you are transferring credits from an institution that has a formal exchange agreement with Memorial.

Inquiries can be directed to transfer.credit@mun.ca or 709 864 4424.

Student Information

MUN Student ID Number	First (Given) Name	Last (Family) Name
Telephone	@mun.ca email	
Degree		Major

Institution Details

Institution you plan to attend	From (Month/Year)	To (Month/Year)
Address of Institution		

Course(s) to be Completed

Copies of course outlines/syllabuses are required for all courses listed

Equivalent Memorial University Course(s) (Office Use Only)

Authorization

Student Signature	Date (Month/Day/Year)
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Personal Information and Protection of Privacy: The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 c M-7). It is needed for, and will be used to update, your student record. If you have questions about the collection and use of this information, contact the Associate Registrar, Registration and Enrolment Services at 709 864 8260.

Method of Payment

Memorial University offers students a variety of payment methods. Each method is described in detail by [Financial and Administrative Services](#).

Questions regarding methods of payment should be directed to cashiers@mun.ca.

Credit Card (choose one):	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Credit Card Number	Expiry Date (MM/YYYY)
Name on Card	Signature

For Office Use Only

_____ institutions @ \$30 each = \$ _____

FOAPAL: 100001 46201 51968 4102

Cashier's Stamp