



## Request for Exception - Transfer Credit

IMPORTANT INFORMATION			
Transfer requests for courses taken seven or more years in the past will be processed on an individual basis. For more information, please refer to the <a href="#">Recognition of Transfer Credit Policy</a> . Please read and review the policy before submitting a Request for Exception-Transfer Credit.			
INSTRUCTIONS			
1. Submit a written/signed letter with a rationale for your request. Include the following details in your letter for <b>each course</b> being requested: <ul style="list-style-type: none"> <li>• Why the transfer credit is being requested at this time (e.g. past the time limit)?</li> <li>• Which course, admission or program requirement, including graduation, do you hope to satisfy with your transfer request?</li> <li>• Why the course credits previously earned are still applicable/relevant (e.g. have you completed further education or work experience within the same field of study as the course you hope to transfer?)</li> </ul> 2. An original transcript if you have not already provided one to Douglas College. Note: detailed course outlines may be requested. 3. Once complete, email the package to <a href="mailto:exceptionrequest@douglascollege.ca">exceptionrequest@douglascollege.ca</a>			
STUDENT INFORMATION			
Student Number:		Student Name:	
Mailing Address:			
City:		Province:	Postal Code:
Phone Number:		Email Address:	
Student Signature:			Date (DD/MM/YY):
REQUEST FOR EXCEPTION (SELECT ALL THAT APPLY)			
I am requesting to use the course credit(s) listed in the section below as <b>(check all that apply)</b> :			
<input type="checkbox"/> Admissions Requirements <input type="checkbox"/> Graduation Requirements			
These requirements are for the following program: _____			
COURSES EXCEEDING TRANSFER CREDIT TIME LIMIT			
COURSE NAME/NUMBER (I.E. ECON 1100)	INSTITUTION WHERE COURSE WAS TAKEN	SEMESTER AND YEAR COURSE WAS TAKEN	FOR OFFICE USE ONLY
			Previously Articulated (Y/N): ____ Equivalent: ____ Comments: _____
			Previously Articulated (Y/N): ____ Equivalent: ____ Comments: _____
			Previously Articulated (Y/N): ____ Equivalent: ____ Comments: _____
			Previously Articulated (Y/N): ____ Equivalent: ____ Comments: _____
			Previously Articulated (Y/N): ____ Equivalent: ____ Comments: _____
FOR TRANSFER CREDIT TEAM ONLY			
Changes Entered:		Date (DD/MM/YY):	Changes Entered By:

Date Received:  
Enrolment Services

**Collection Notice**  
Your personal information is collected by Douglas College under the authority of Section 27 (2) of the Freedom of Information and Protection of Privacy Act (FIPPA). The information will be used to process your Request for Exception - Transfer Credit. Questions about the collection of this information may be directed to the Associate Registrar at 604-777-6093 or email: [reg\\_admin@douglascollege.ca](mailto:reg_admin@douglascollege.ca).