Application for Transfer Credit/Exemption



A. Persona	l Infor	mation
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	Last Name	ast Name First Name:				SLC ID	Campus: ☐ Brockville ☐ Cornwall ☐ Kingston						
	Phone Number:		Program:					Level:	Date:				
	☐ By checking this box I certify that I am the above named student and that all of the information on this form is true and correct. I also agree that the checkbox is to bused as my electronic signature. Please note confirmation will be sent to your student email account.												
В.	Transfer Credit – Cours	ransfer Credit – Course credits based on academic studies at other accredited post-secondary institutions.											
		dicate the subject and code, institution, title, grade, and the year and term taken for the courses at you have taken at the post-secondary level					St. Lawrence College course information			Office Use Only			
	Institution	Subject & Course Code	Course Title	Grade Achieved	Term Taken	Year Taken	Subject & Course Code	Course Title		Equivalency in database	Approved Yes/No		
•													
C. Exemption – Credits awarded in recognition that the course requirement is waived through academic assessment and testing or assessment on prior academic achievements.										ents.			
	I, request to be exempt from (subject, course code, and title) based on the following prior academic achievements (included)									ents (include			
	as much detail as possible):												
D.	Office Use Only												
	Transfer Credit: ☐ Official Transcript ☐ Course Outline ☐ International Assessment ☐ Credit Transfer Advisor Evaluation ☐ Program Coordinator Evaluation												
		Denied/Reasons: Add to Database											
	Exemption: Student meets exemption requirements Student does not meet exemption requirements due to:												
	Program Coordinator Appl	rogram Coordinator Approval (Print): Signature:						Date:					
	☐ Fee Added ☐ Fee Paid ☐ Transfer Credit Posted ☐ Exemption Posted ☐ Course Dropped (if student is currently enrolled) ☐ Student Advised												
	Credit Transfer Advisor Approval (Print): Signature:						Date:						
									Date Re	ceived: _			