

APPLICATION FOR TRANSFER CREDIT (CSC 1110)

STUDENT ENROLMENT, REGISTRATION & RECORDS (SERR)
Bermuda College P.O. Box HM 2718, Hamilton HM LX BERMUDA
T: 236-9000 ext. 4145 | FAX: 239-4051 | E: serr@college.bm

Name: _____
Surname Maiden (if applicable) First Name Middle Initial

Bermuda College Student ID#: _____ Date of Birth: _____ D / M / Y

Contact Numbers: (H) _____ - _____ (C) _____ - _____ (W) _____ - _____

1. Division: _____

2. Programme: CT _____ DP _____ AD _____

Student Signature: _____ Date: _____ D / M / Y

I am applying for transfer of credit. I have attached official transcripts.

Name of Institution: _____

OFFICE USE ONLY

Comments: _____

