

APPLICATION FOR TRANSFER CREDIT

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

Bermuda College Student ID#: _____ Date of Birth: _____

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

1. Division: _____ 2. Programme: AD- _____

Student Signature: _____ Date: _____

- In support of this application I have attached sent for official transcripts and/or original or certified copies from: _____
- In support of this application I have attached two copies of the institution's official course outline(s) for each course being considered for credit.

NAME OF INSTITUTION: _____

MAILING ADDRESS OF INSTITUTION: _____

LIST OF COURSES TO BE CONSIDERED FOR CREDIT

COURSE CODE	YEAR	GRADE	Bermuda College Equivalent Course Code	OFFICIAL USE ONLY: Decision: Course Equivalent at BC