



TRANSFER CREDIT REQUEST

SEE SASKPOLYTECH.CA/ADMISSIONS/RESOURCES/TRANSFER-CREDIT.ASPX

SASKATCHEWAN POLYTECHNIC
Moose Jaw Campus
Fax 306-691-8578
RegInbox.MooseJaw@saskpolytech.ca

SASKATCHEWAN POLYTECHNIC
Prince Albert Campus, Tech Bldg
Fax 306-765-1838
RegInbox.PrinceAlbert@saskpolytech.ca

SASKATCHEWAN POLYTECHNIC
Regina Campus
Fax 306-775-7760
RegInbox.Regina@saskpolytech.ca

SASKATCHEWAN POLYTECHNIC
Saskatoon Campus, Idylwyld Dr.
Fax 306-659-4067
RegInbox.Saskatoon@saskpolytech.ca

You must be a current applicant or registered student to request transfer credit. No fee is required. Complete and sign this form, and submit it directly to Sask Polytech Registration Services for review.

Also arrange for a transcript from the related institution to be sent directly to Registration Services at Sask Polytech. We cannot accept a transcript from an applicant or student. Transcripts must be received by the program start date. (If the course for which you are seeking credit is a Sask Polytech course, no transcript is required). You will be notified whether transfer credit is approved or denied. Grades on courses for which transfer credit has been granted are not included in weighted average calculations.

PERSONAL INFORMATION (please print)

| | | | | |
|--|----------|--------------------------------------|---|--|
| Last Name | | First Name | | Middle Name |
| Saskatchewan Polytechnic Student Number | | Former Name (if applicable) | | Date of Birth (Day, Month, Year) |
| Mailing Address | | Phone (current) (area code required) | | Phone (permanent) (area code required) |
| City or Town | Province | Postal Code | Email (Your personal email address is used only as needed. We communicate with you mainly through your mySaskPolytech account.) | |
| Sask Polytech program (to which transfer credit request applies) | | | Campus | |

TRANSFER CREDIT REQUEST (please print)

| Applicant/Student | | |
|---|--|---|
| SASK POLYTECH COURSE <i>(course name and code)</i> | TRANSFER COURSE <i>(course name, code, and institute; per transcript)</i> | Course Completion Date <i>(DD/MM/YEAR)</i> |
| | | |
| | | |
| | | |

For office use only

| RSR | | Program Personnel | | | RPL Personnel Approval <i>(required for courses from unrecognized institutions)</i> | | RSR | SIS |
|-----------------------|--------|--------------------|-------------------|-------------------------------|--|--------|--------------------|---------------------|
| Current Banner Status | | Decision | | If Denied is PLAR Recommended | Decision | | Entered on SHATRNS | Recorded on SHATATR |
| Accepted | Denied | Accepted Precedent | This Student Only | | Approved | Denied | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Note: Please use a new form(s) for additional requests.

STEP 1: _____
Applicant/Student Signature *Date*

STEP 2: _____ Approved or To Program Head for review
Registration Services Representative Signature

STEP 3: Comments/Recommendations: Instructor or Program Head _____

Program Head Name (print) *Program Head Signature (Required)* *Date*

STEP 4: RPL Comments/Recommendations: _____

RPL Representative (print) *RPL Representative Signature (Required)* *Date*

| | | | | |
|---------|--|---------------------------------------|--|--|
| Copies: | <input type="checkbox"/> Applicant/Student | <input type="checkbox"/> Program Head | <input type="checkbox"/> Registration Services | <input type="checkbox"/> SIS Team (new precedents/denials) |
|---------|--|---------------------------------------|--|--|