



TRANSFER CREDIT REQUEST

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 Enrolment Services for review.

Also arrange for a transcript from the related institution to be sent directly to Enrolment Services at Sask Polytech. We cannot accept a transcript from an applicant or student.

Domestic students (Canadian citizens and Permanent Residents) must submit transcripts when they apply for transfer credit. International students must submit related transcripts at the time of application, for the purpose of transfer credit. You will be notified whether transfer credit is approved or denied. (If the course for which you are seeking credit is a Sask Polytech course, no transcript is required).

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

ESS		Program Personnel			LP Personnel Approval <i>(required for courses from unrecognized institutions)</i>		ESS	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		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
Enrolment Services Specialist 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"/> Enrolment Services	<input type="checkbox"/> SIS Team (new precedents/denials)
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