

Canadian College of Acupuncture and Oriental Medicine

STUDENT TRANSFER CREDIT APPLICATION

Student Name: _____ Date: _____

ID Number: _____

List the CCAOM course(s) you are seeking transfer credit. Indicate the course by CCAOM number and name.	Indicate the qualification; academic post-secondary, seminar training, or other, relevant accomplishment, which you believe entitles you to a transfer credit award in the CCAOM course. Attach course outlines, certificates, documents from other institutions where applicable.
1.	
2.	
3.	
4.	
5.	

Transfer credit in the following course(s) is/are approved on the strength of your application:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

Student's Signature: _____

Registrar's Signature: _____

Seal:

Date Reviewed: _____