



# REQUEST FOR CREDIT TRANSFER

Justice Institute of British Columbia  
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JIBC STUDENT NUMBER		DATE OF BIRTH (YY/MM/DD)	
NAME (FIRST/LAST)			
ADDRESS		CITY	
PROVINCE	POSTAL CODE	COUNTRY	HOME PHONE
BUSINESS PHONE	MOBILE PHONE	EMAIL	

<b>NAME OF PROGRAM</b>	<ul style="list-style-type: none"> <li>Attach OFFICIAL TRANSCRIPTS and course outlines for each course</li> <li>Processing time is 6–8 weeks</li> </ul>
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INSTITUTION	COURSE NAME	COURSE NUMBER	JIBC EQUIVALENT COURSE	OFFICE USE ONLY
				COORDINATOR APPROVAL

**ADVISOR COMMENTS**

STUDENT SIGNATURE	DATE
COORDINATOR SIGNATURE	DATE