

Application for Credit from another New Zealand Tertiary Institution



This application will not be processed unless full supporting documentation is attached.
Please print boldly using block letters.

Title: Dr / Mr / Mrs / Miss / Ms / Other _____ Surname/Family name _____

First/Given names _____

Date of birth DDMMYYYY Student number

Postal address _____

Email _____ Phone _____

Application for Transfer of Credit to

University of Canterbury qualification: e.g. Bachelor of Arts _____

Transfer of Credit from

Name of university(s)/institution(s) from which you wish to transfer credit _____

Are you seeking credit for ALL the courses you have passed at the above university(s)/institution(s)?

☐ Yes – go to Declaration and Signature

☐ No – please list the courses you wish to have considered for credit

Credit Table

[illegible]

Checklist

- ☐ **Academic Record Attached:** I wish to have the original academic record returned
☐ Yes ☐ No
- ☐ **Applications for credit towards a College of Education, Health and Human Development programme** must also include the learning outcomes from the courses you are applying for credit

Declaration

I supply the information on this form and in support of this application on the understanding:

- that it may be used for purposes relating to my enrolment as a student by members of the academic and administrative staff of the University of Canterbury;
- that I have the right to see and correct, if necessary, the information I have provided and my personal record;
- that my application cannot proceed without my consent to the foregoing conditions.

I declare that all the information submitted on this application form and in the attached document/s is, to the best of my knowledge, correct and complete in every detail.

I acknowledge that if I provide incorrect or incomplete information this may result in the cancellation of any offer made to me, and (if appropriate) disciplinary action by the University.

I understand that it is my responsibility to provide all necessary documentary evidence. I authorise the University to obtain whatever further information is necessary in relation to the documents I have submitted.

Signature of Applicant _____

Date _____

IMPORTANT

Your application cannot be processed unless an original or certified copy of your academic transcript from the New Zealand institution is included. No Credit will be granted until this has been received.
Please note that exam result notifications are not acceptable.

Send this form to

The Student Advisor

Please address to the relevant college. If you are unsure please refer to www.canterbury.ac.nz/enrol/transfer/nz/

- ☐ College of Arts
☐ UC Business School
☐ College of Education, Health and Human Development
☐ College of Science
☐ Faculty of Law

University of Canterbury, Private Bag 4800,
Christchurch 8140, New Zealand

For Office Use Only:

College of Arts 21000:1340:210TRCRED:0:1

UC Business School 23025:1340:0:0:1

College of Education 24000:1340:240TRCRED:0:1

College of Science 27000:1340:0:0:1

Faculty of Law 42400:1340:0:0:1