



Please note: Students are responsible for obtaining the chair's approval for each individual course requested. This includes obtaining course descriptions from the other institutions and sending them to UPEI department chairs for evaluation.

PLEASE PRINT

STUDENT ID # _____ **NAME** _____

PHONE _____ **EMAIL** _____

Degree being taken at UPEI _____

Year of Study First Second Third Fourth

Please indicate (year and semester) when taking classes at another university

Academic Year 20_____ Start Date _____ End Date _____

Fall (Sept-Dec) Winter (Jan-Apr) First Summer Session Second Summer Session

Exchange Online/Correspondence Other (specify) _____

Address to which a confirmation may be sent

It is my responsibility to have an official transcript forwarded to UPEI as soon as marks are available.

DATE _____ **STUDENT'S SIGNATURE** _____

NAME AND EMAIL ADDRESS OF UNIVERSITY where course(s) are to be taken

Course(s) Requested	# of Semester Hours	UPEI Equivalent	Chair's Approval	Dean's Approval (if required)
	___ 3/6 ___			
	___ 3/6 ___			
	___ 3/6 ___			
	___ 3/6 ___			
	___ 3/6 ___			
	___ 3/6 ___			
	___ 3/6 ___			

Notes _____

The student named above has permission to take the courses indicated for transfer credit to the University of Prince Edward Island.

DATE _____ **REGISTRAR'S OR DESIGNATE'S SIGNATURE** _____