



Admissions Office  
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# TRANSFER CREDIT APPLICATION

## STUDENT INFORMATION

LC STUDENT ID NUMBER
DATE OF REQUEST (YYYY-MM-DD)

FIRST NAME
LAST NAME

LC PROGRAM
RESIDENCY <input type="checkbox"/> Canadian/Permanent Resident <input type="checkbox"/> International Student

## BEFORE YOU BEGIN Please check Yes or No to each statement below:

Yes	No
	I have been offered a seat in a Lethbridge College (LC) program and confirmed the offer (Open Studies is not considered a program)
	I have submitted an <i>official</i> transcript from the institution(s) listed below (LC will automatically request all transcripts from public colleges or universities in Alberta)
	The course(s) listed below were completed at a public institution or an institution recognized by Alberta Council on Admissions & Transfer ( <a href="http://www.acat.alberta.ca">www.acat.alberta.ca</a> )
	The course(s) below have corresponding courses at Lethbridge College that are required for my program OR that qualify as approved electives for my program
	The course(s) below were completed within the last ten (10) years

**! NOTE:** In order to qualify for transfer credit, you must answer yes to each of the criteria above.

## EVALUATION PROCESS

**Deadline:** The deadline for requesting transfer credit is one month prior to the start of term.

**Timeline:** Please allow 3-4 weeks for your transfer credit request to be reviewed.

**Course Outlines:** LC may request that you provide detailed course outlines/syllabi for courses that have not been assessed previously. Course outlines must have all essential elements to be assessed. Please allow additional time if course outlines must be reviewed.

**Assessment Criteria:** Transfer credit will be awarded if the course matches 80% of the content of a corresponding LC course that is either required for your program or that qualifies as an elective.

**Transfer Credit on Transcripts:** If you receive transfer credit, your LC transcript will indicate a grade of TR for transferred courses. This will not affect your LC GPA.

**Full-Time/Part-Time Status:** Transfer credit awarded does not count towards full-time status.

## TRANSFER CREDIT REQUESTED

**! Mandatory field:** Use LC's [Academic Calendar](#) as a reference

					FOR OFFICE USE ONLY
INSTITUTION	COURSE CODE & NAME	YEAR YOU ATTENDED	CREDITS	LETHBRIDGE COLLEGE COURSE CODE & NAME TO WHICH YOU THINK IT IS EQUIVALENT	REGISTRAR'S OFFICE/ DEPARTMENT DECISION

Please complete a second form if you require more room.

**SUBMIT:** Email the completed form to [admissions@lethbridgecollege.ca](mailto:admissions@lethbridgecollege.ca) or print and mail it to the address in the top left.