



Credit Transfer Application Form

*Please fill out one Credit Transfer Application Form for each program you are requesting to transfer credits from.

First Name		Last Name	
Institution Name		Program Type	<input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate
Program Name		Did you complete the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently enrolled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Completion	yyyy/mm/dd

Course details must match your transcript:

Course Title	Course Code	Course Hours	Final Grade	Date Completed	OCTCM Course Code

Please attach all relevant information that may include: Transcript, course description, course outline or syllabus, or course notes.

OCTCM Use Only:

Date Received: (yyyy/mm/dd)	Staff Signature:
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