Department of Integrated Studies in Education

Room 244, 2nd Floor, Education Building
3700 McTavish Street
Montreal, Quebec H3(Print)

STUDENT NAME:_____ **MCGILL ID:**_____

MCGILL EMAIL:_____@mail.mcgill.ca

Program:

☐ **Newly Admitted/Readmitted Transfer Student:** Previous university:_____   Transfer term:_____ :

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1. The Faculty reserves the right to make changes to transfer credits when problems are detected or when changes are made to McGill courses and programs.

2. Newly admitted students must request transfer of credits (including an official transcript) within their first term of study at McGill. These transfer credits should be reported by December 1st for the Fall Term. Failure to meet these deadlines may result in additional processing fees to have the credits added to the transcript.

3. Supporting documents (such as unofficial transcripts) may be submitted with this form to accelerate the approval. However, final approval for transfer credit will be based on the official transcript and processed following receipt of the official copy. It is the student's responsibility to have an official transcript sent to McGill to obtain transfer credits.

4. Students will be eligible to transfer credits to McGill if the grade earned for each course is a C or higher. The policy applies to elective, complementary and required courses.

5. Grades for transfer credits do not enter into any McGill grade point calculations (TGPA/CGPA) however, the number of credits granted will appear on the McGill transcript.

6. For course exemptions students must take an additional course in order to complete the total credits required at the time of admission.

All dents   Fill in the courses on this form and send it to your Student Advisor for initial review. Approval for course equivalency has to be requested through the Course Equivalency System. Once the course(s) is (are) approved you are to return the completed form to your Student Advisor for final approval.

McGill ID:_____   Host Institution:_____   Term:_____

Host Institution:_____   Term:_____

Host Institution, Host course Code		To be Completed by Student				For Departmental Advisor	ISA
	Host Course Term	*McGill Equiv. Course or generic course (as per Course Equiv. System)*	*Course Type***	*Course Equivalency System (CES) – Please include valid url notation and indicate Yes here:*	*Grade Obtained*		