



**Mission:** To inspire lifelong learning and leadership through experience, excellence and innovation.  
**Vision:** Transforming the future through innovative learning.  
**Values:** We value learner success, integrity, respect, community, excellence and innovation.



## BAppB:ES TRANSFER CREDIT

Lakeland College complies with the *Freedom of Information and Protection of Privacy Act* of Alberta. Information collected on this form is collected under the authority of Section 33(c) of the Act for the administration of the Bachelor of Applied Business in Emergency Services program. This information is used in the normal course of College operations in accordance with this legislation. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator (780-853-8524; [FOIP@lakelandcollege.ca](mailto:FOIP@lakelandcollege.ca)).

Credit may not be granted for work completed more than 7 years prior to the date of this request. Transfer credit will be awarded only where credit has been earned.

- The applicant must have been accepted into the program and paid the tuition deposit before this application will be reviewed.
- The applicant must complete and submit this form to the Course Development and Applied Degree Coordinator no later than 2 months prior to the start of the course. Fax to 780 853 3008 Attn: Course Development and Applied Degree Coordinator or email to [mariette.sargeant@lakelandcollege.ca](mailto:mariette.sargeant@lakelandcollege.ca)

Last Name:	First Name:	Middle Name:
Mailing Address:		
Home Telephone Number:	Cell Number:	Email Address:
Lakeland College Program:	Campus:    On-Line	Student ID#:

**Transfer Credit** is awarded for formal learning experiences supported by an official transcript. Be prepared to submit course outlines and additional documentation upon request.

I am requesting transfer credit for course work completed at: \_\_\_\_\_ (name of Institution)

CREDIT REQUEST LIST Lakeland College course number and name	ON THE BASIS OF Issuing institution course number and name	Year	APPROVAL			
			Yes	No	Dean Initials	Approval Date

I understand that grades in courses used for transfer credit will not be used in calculating weighted averages.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Administration Fee: \$355 per approved credit**      **\$355 x \_\_\_\_ credit(s) = \$ \_\_\_\_\_**

Applications that are denied will be charged a minimum of \$100, but may be charged up to the full fee of \$355, depending on the administrative time required to review the application.

CREDIT CARD PAYMENT INFORMATION     Visa     MasterCard

Name of Card Holder:	Amount Paid:
Phone Number of Card Holder:	Receipt #:
Signature of Card Holder:	Date Paid:
Expiry: MM ____ YY ____	Posted to (LAD 020 000 000 270)

Refer to Procedure: Student 5.61