

## Instructions for Course Transfer Application

You must complete this form to apply for transfer credit in the PHC Program. As outlined on [phc.usask.ca](http://phc.usask.ca), the program will grant transfer credit to students for relevant course work successfully completed within the last ten years at reputable training institutions. Eligible course work must meet credit levels of academic rigor and cover content sufficiently similar to that of specific PHC courses. A maximum of four courses will be eligible for transfer credit when supported by the required documentation.

1. Transfer credit evaluation is available only to officially admitted students.

You must be admitted to the program before pursuing transfer credit.

2. Official transcripts are required for all classes completed at institutions other than the University of Saskatchewan.
3. Official class syllabi/course descriptions are required; this information includes, but is not limited to, required textbooks and materials, the name of the instructor, and major topics covered.
4. Applications submitted without appropriate supporting documentation will be rejected. Do not submit photographs; only hard copies or scanned documents are accepted.

**You should review published PHC course information to learn if the content closely matches the course work that you have completed.**

## To be completed by the student

### PERSONAL INFORMATION

Last Name	First Name	Student Number	NSID
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### PHC COURSE REQUESTED FOR TRANSFER CREDIT

Course No. (HORT 13.6)	Course Name (Applied Botany)
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### BASIS FOR AWARD OF TRANSFER CREDIT

Course No.	Course Name
Mark Obtained	Institution and Year

In some situations, more than one class is necessary to provide justification for the required academic content overlap or to meet credit level equivalencies.

Course No.	Course Name
Mark Obtained	Institution and Year
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Mark Obtained	Institution and Year

### SUPPORTING DOCUMENTATION

Official transcripts and course information must be on file with the University of Saskatchewan; see instructions section for details.

## To be completed by the PHC Program

Approving Signature – PHC Program Manager	Name	Date (mm/dd/yyyy)
Approving Signature – Department Head	Name	Date (mm/dd/yyyy)

### PHC Program Office