

TRANSFER CREDIT REQUEST FORM

Office of the Registrar

Bay 7, 6721 Gaetz Ave, Red Deer, Alberta, T4N 4C9

Ph. 403-967-0309



Email: tanyab@hcaacademy.ca | www.healthcareaideacademy.com

INSTRUCTIONS

-Admitted students: complete and submit this form by email to tanyab@hcaacademy.ca

-Submit transfer credit requests early, as assessments can take up to 6 weeks.

FOR OFFICE USE ONLY Date Received	Entered By
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First name:	Last Name (Surname):	Program:

Transfer Credit Requested:

Name of External Institution	Requested Course Name/Number	Program for which you are seeking credit

CHECKLIST

I have attached course outlines (if no previous agreement exists for my courses at www.transferralberta.ca)

I achieved a grade of at least C- (or 60%) in the requested course(s)

Freedom of Information & Protection of Privacy (FOIP) Notification Statement

The personal information requested on this form is collected under the authority of section 65 of the Post-secondary Learning Act and section 33(c) of Alberta's Freedom of Information and Privacy Act and will be used for the purpose of assessing and granting transfer credit. For information about the collection and use of this information, contact the Policies and Regulatory Compliance Office at 10215 108 Street NW, Edmonton, AB, T5J 1L6, Tel. 780-644-6000

Student Signature	Date