



**Office of the Registrar**

2300 Ryan Road  
 Courtenay BC V9N 8N6  
 T: 1-800-715-0914 E: forms@nic.bc.ca

NIC STUDENT NUMBER	
NAME	FORMER NAME (If Applicable)
ADDRESS	BIRTH DATE (YYYY/MM/DD)
CITY	PROVINCE
COUNTRY	POSTAL CODE
PHONE NUMBER	E-MAIL ADDRESS

Student's FULL name and address (print clearly)

NAME		FORMER NAME (If Applicable)	
ADDRESS		BIRTH DATE (YYYY/MM/DD)	
CITY	PROVINCE	COUNTRY	POSTAL CODE
PHONE NUMBER	E-MAIL ADDRESS		

**NORTH ISLAND COLLEGE PROGRAM:**

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Any transfer credit awarded is applied to your **credentialled** NIC Program only. Upon transferring to another institution your documents will be reevaluated.

Official Transcripts must be received in a sealed envelope from your former institution(s). If the course(s) is not listed in the BC Transfer Guide, it is the responsibility of the student to provide **detailed** course descriptions for each course. **Please allow 6 to 8 weeks for processing from the time all required documents have been received.** Transfer Credit will be evaluated once registered.

Non-English course descriptions must be official from the institution and translated by a certified translator. Certified translations services are available from [www.mosaicbc.com](http://www.mosaicbc.com) or [www.stibc.org](http://www.stibc.org)

Please fill in completely indicating the courses to be evaluated.

INSTITUTION	YEAR	COURSE CODE	COURSE TITLE	OFFICE USE

**FEES:** Payments may be made in person by VISA, MASTERCARD, American Express, debit card, cash, or cheque. Mailed requests must be accompanied by cheque or money order. To help prevent credit card fraud, DO NOT write your credit card information anywhere on this form. If faxing in your request, a NIC representative will contact you directly for this information and your payment will be processed directly into a secured website. Requests will be processed once payment has been received.

Price per Transcript:	In-Province - No charge	Out-of-Province (but within Canada) \$20.00	International \$75.00 (NIC Exchange Students are exempt from this fee)
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Total No. of Transcripts \_\_\_\_\_ @ \$20.00 or \$75.00 (see above) = Total \_\_\_\_\_

I understand that this information, along with subsequent information, is collected under the authority of the College and Institute Act. This information will be protected and used in compliance with the BC Freedom of Information and Protection of Privacy Act for the purpose of admission, registration, research, and other purposes consistent with the mandate of the institution.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

**FOR SRO USE ONLY**

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**FOR CAMPUS/CENTRE USE ONLY**

Date Received: \_\_\_\_\_

RA Signature: \_\_\_\_\_