

Transfer Credit Decline Form

For AP, IB, & GCE (A-level) Students

STOP: Before you choose to decline transfer credit, please speak to an advisor in your faculty.

This form must be completed, signed, dated and submitted before the course registration deadline for the term in question. Once you complete this form, you must submit it to your faculty office (not Student Connect / the Office of the Registrar).

Personal Information

Last Name	First Name and Middle Name(s) (Do not use Initials)	Date of Birth M M D D Y Y Y Y	Student ID Number
(Area Code) Home Telephone	(Area Code) Business / Cell Phone Number	Faculty	

If you decide to decline transfer credit in any of your eligible courses, you must list the course name(s) and indicate that you decline transfer credit awarded by checking the box (see example below). The transfer credit will then be **permanently removed** from your record.

Example

Curricula Type (Check one) <input checked="" type="checkbox"/> AP <input type="checkbox"/> IB <input type="checkbox"/> A-level	Course Name <i>Biology</i>	Score <i>5</i>	<input checked="" type="checkbox"/> I decline this credit.
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Decline Transfer Credit

Please indicate only the transfer credits you wish to decline.

Curricula Type (Check one) <input type="checkbox"/> AP <input type="checkbox"/> IB <input type="checkbox"/> A-level	Course Name	Score	<input type="checkbox"/> I decline this credit.
	Course Name	Score	<input type="checkbox"/> I decline this credit.
	Course Name	Score	<input type="checkbox"/> I decline this credit.
	Course Name	Score	<input type="checkbox"/> I decline this credit.
	Course Name	Score	<input type="checkbox"/> I decline this credit.
	Course Name	Score	<input type="checkbox"/> I decline this credit.

Declaration

By signing and submitting this form, you agree to the following:

I understand that declining transfer credit may impact the courseload requirements for my program and/or my scholarship.

I understand that the decision to decline my transfer credit(s) is final and cannot be reversed. I understand that if I later receive a lower final grade in the equivalent university-level course, I cannot reinstate my transfer credit and/or original score. I understand that by declining my transfer credit(s), it can not be used to transfer to another faculty in the future.

Student Signature: _____ Date: _____

The personal information requested on this form is collected under the authority of section 33(c) of Alberta's *Freedom of Information and Protection of Privacy Act* for the purpose of determining eligibility for university admission and/or the administration of academic programs and student services. For information about the collection and use of this information contact the Registrar at (780) 492-3113 or see www.ipo.ualberta.ca. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority.

Office Use Only

Transfer Credit has been permanently removed in the above noted courses.

Faculty Signature: _____ Date: _____

Faculties: please send original form to the Office of the Registrar and keep a copy for your own records.