



The Department/Unit of _____ recommends to the Faculty of Graduate Studies that
 _____, _____ be granted credit for the following courses
 (Student Name, LAST, First) (Student Number)

toward: Master's Ph.D. Diploma

Part A | Courses completed at the University of Manitoba

| Course Number | Date Completed | Grade | Course Expiry | Course Number | Date Completed | Grade | Course Expiry |
|---------------|----------------|-------|---------------|---------------|----------------|-------|---------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Part B | Courses completed at an institution other than the University of Manitoba

For external transfer credit, please attach a course syllabus for each course requested to be transferred. All courses will be sent to the appropriate department for evaluation. Please note, this process may take 2 - 3 weeks.

Courses may only be transferred in as S (standard) or X (auxiliary). Indicate S or X in Grade Mode column.

| Course Number to be Transferred | Institution | Grade | Term Completed | Grade Mode | Course Expiry* <i>FGS use only</i> |
|---------------------------------|-------------|-------|----------------|------------|---------------------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Note:

Application for advance credit must be made within the first year of the program.

No more than half of the required coursework for the program can be given advance credit.

A course may not be used for credit toward more than one degree, diploma, or certificate; this includes pre-master's.

*Course Expiry: Courses completed more than seven years prior to the date of awarding of a degree may not normally be used for credit toward that degree. If course currency expires prior to the completion of one's program, additional coursework may be required.

Approval

Advisor (if determined) _____ Date _____
 (MM/DD/YYYY)

Co-Advisor (if applicable) _____ Date _____
 (MM/DD/YYYY)

Department/Unit Head _____ Date _____
 (MM/DD/YYYY)

Faculty of Graduate Studies _____ Date _____
 (MM/DD/YYYY)