



Office of the Registrar

T 780.492.3113  
F 780.492.7172  
W [uab.ca/ask](http://uab.ca/ask)

**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 to the Office of the Registrar by:

- September 1 if admitted to fall term
- January 1 if admitted to winter term
- May 1 if admitted to spring/summer term

Student ID Number
-------------------

**Personal Information**

First Name	Middle Name	Last Name	Date of Birth MM/DD/YY
Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home	Phone <input type="checkbox"/> Work <input type="checkbox"/> Cell	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. Faculty of Education students must inform their faculty after credit has been declined.

**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	<input checked="" type="checkbox"/> I decline this credit
---	-------------------------------	-------	---

**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		<input type="checkbox"/> I decline this credit
	Course Name		<input type="checkbox"/> I decline this credit
	Course Name		<input type="checkbox"/> I decline this credit
	Course Name		<input type="checkbox"/> I decline this credit
	Course Name		<input type="checkbox"/> I decline this credit

**Declaration and Student's Signature**

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's Signature	Date MM DD YYYY
---------------------	--------------------

**Protection of Privacy** – 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. Questions concerning the collection, use, and disposal of this information should be directed to the Assistant Registrar, Records, Registration, and Fees at (780) 492-3113.