



Student #																			Date of Birth	DD/MM/YYYY																		
Last Name																		Telephone #				-																
First Name																		E-Mail																				

DECLARATION

I have successfully completed the following Continuing Studies Credit Course(s) and would like to have the credit applied to my academic record at UNBC. **NOTE: Please allow 3 business days for processing.**

Course (e.g. XMHA)

Number (112)

OFFICE USE ONLY

Signature of Student

Date

**CONTINUING
STUDIES
CREDIT REQUEST**

World Wide Web: www.unbc.ca

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