



Transfer Credit Request Form

PLEASE PRINT CLEARLY

Last Name _____ First Name _____

UW Student Number _____ Email Address _____

Date of Birth (mm/dd/yy) _____ Program _____

NOTE: You **MUST** adhere to the [Guidelines for Acceptance of Transfer Credit](#)

Indicate Transfer Credit Type

- UWinnipeg PACE Course – no fee
- Pre-approved list – \$25 per transfer request
- Not pre-approved course – \$25 per transfer request

Course Name & Number	Institution	PACE Course Equivalency	Year Completed

Results will be posted in your WebAdvisor account

Payment Information

Credit Card Number _____

Expiration Date _____

Office Use Only

Date & Receipt Number	_____
Approval & Date	_____
Final Transfer Credit Earned	_____
Partnership Fee Waived	_____