THE PETROLEUM INSTITUTE

STUDENT ONE-STOP SHOP (SOS)

Transfer Credit Evaluation/Approval Form

*** This form is used by students seeking admission to the Petroleum Institute on transfer status. Credit can be awarded through traditional sources (other academic institutions) or non-traditional sources (e.g. AP, GCE, A-Levels, IB Higher Levels,**

*** Due Date: December 10 for Spring Semester and August 10 for Fall semester. Forms received after the deadline will be processed but cannot guarantee an outcome before the commencement of semester. A final official transcript, catalog course descriptions, course syllabi and other relevant information should be submitted along with this form.**

*** Please return form to the SOS upon completion.**

STUDENT INFORMATION		
Student ID Number	**Name (First, Middle, Last)**	
Phone # (including area code)	**Preferred Major**	**Semester Seeking Admission**

PREVIOUS STUDIES

If you have previously undertaken post secondary studies, please state below as you may be eligible for credit.

Previous Program: Name of Institution & Country:	Years Enrolled: Was program Completed: Yes ☐ No ☐
Previous Program: Name of Institution & Country:	Years Enrolled: Was program Completed: Yes ☐ No ☐

CREDIT TABLE I am applying for credit for the following courses:

Include all the courses for which you are applying for credit. Only include courses you have passed and a passing grade of "C" or higher is required to receive transfer credit at PI. In case of insufficient space on this form, please use photocopy of this page to complete your table.

COURSES PREVIOUSLY STUDIED		EQUIVALENT PI COURSES	EVALUATOR USE ONLY	
CODE & TITLE	GRADE	CODE & TITLE	APPROVED?	INITIAL
			Yes ☐ No ☐	
			Yes ☐ No ☐	
			Yes ☐ No ☐	
			Yes ☐ No ☐	
			Yes ☐ No ☐	
			Yes ☐ No ☐	
			Yes ☐ No ☐	
			Yes ☐ No ☐	
			Yes ☐ No ☐	
			Yes ☐ No ☐	
			Yes ☐ No ☐	
			Yes ☐ No ☐	
			Yes ☐ No ☐	
			Yes ☐ No ☐	
			Yes ☐ No ☐	
			Yes ☐ No ☐	

DECLARATION: I declare that to the best of my knowledge the provided information is correct and complete. I acknowledge that incomplete information may result in the application being returned to me.

Student's Signature **Date**

TO BE COMPLETED BY THE ACADEMIC PROGRAM			TO BE COMPLETED BY THE REGISTRAR'S OFFICE		
RECOMMENDATION			**ACTION**		
❑ CREDITS GRANTED:	Name:		STUDENT ADVISED OF NO CREDITS ❑YES	Name:	
❑ CREDITS DENIED	Title:			Title:	
❑ NO DECISION (incomplete information)	Signature		CREDITS NOTED ON DATABASE ❑YES	Signature	
	Date:			Date:	