

Vancouver Campus  
#300 – 503 Hornby St  
Vancouver, BC V6C 2E7  
604-736-8000

Surrey Campus  
320 – 10362 King George  
Blvd  
Surrey, BC V3T 2W5  
604-582-1122

Victoria Campus  
850 Courtney St  
Victoria, BC V8W 1C4  
604-736-8000

**Recognition of Prior Learning & Credit Transfer Form**
**Student Information**

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

College/University attended: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Start Date: \_\_\_\_\_

**Policy**

The Canadian Tourism College will consider applications from students that may be eligible for recognition of prior learning or a credit transfer. To submit an application, CTC requires a full course outline, transcript of marks showing successful completion at a post-secondary institution or will require a meeting with the Senior Education Administrator to discuss recognition of prior learning that commenced outside a post-secondary institution. Please note a fee of \$250.00 is due for assessment considerations.

For an assessment to be considered, students must present all the required documentation a minimum of one month prior to the program start date. Upon review, CTC will outline the course(s) that receive a credit (not exceeding 50% of the total in-class training period of the program) and the tuition credited on the Enrollment Contract.

Assessment of prior learning or credit transfer taken more than five years ago may be considered and will be reviewed in more detail to ensure curriculum transferability. In addition, credit will not be considered for Career Development.

**Total      \$250.00**

**I am aware that the requested assessment may take 4-6 weeks for processing. It is strongly recommended that students request assessments well in advance of the program start date.**

Requested date of completion: \_\_\_\_\_

**Payment Information**

(Visa/MasterCard or contact the College directly) \_\_\_\_\_

**Card#** \_\_\_\_\_

**Name as it appears on the card and expiry date:** \_\_\_\_\_

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

**Office Use Only**

\_\_\_\_\_  
*Date Received*

\_\_\_\_\_  
*Received by (signature)*

\_\_\_\_\_  
*Date Completed By Quality Assurance Manager*

\_\_\_\_\_  
*Completed by (signature)*