



# CREDIT TRANSFER REQUEST FORM

**Instructions:** *Students requesting course credit transfer must submit evidence of prior academic performance via transcripts with the application.  
Students applying for Christian ministry recognition must submit a portfolio of life experience which includes relevant contact information.*

## SECTION A – PERSONAL DATA

<b>1. Campus:</b> <input type="checkbox"/> Maracas <input type="checkbox"/> South <input type="checkbox"/> Tobago <input type="checkbox"/> Barbados <input type="checkbox"/> St. Vincent					<b>Programme:</b>
<b>2. Name:</b>	Title	Surname	First Name	Middle Name(s)	
<b>3. Type of Request:</b>	<input type="checkbox"/> Transfer of course credits <input type="checkbox"/> Christian ministry recognition No. of years continuous service: _____			<b>Background Information:</b>	Are you a WIST graduate? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No Year

## COURSE INFORMATION SECTION

	Course	Name of Institution	Contact Hours	Duration of Course				
				3 mths	6 mths	1yr	2 yrs	Other (State)
1								
2								
3								
4								
5								
6								
7								

Student's Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## FOR OFFICIAL USE ONLY

OFFICER	# OF CREDITS APPROVED	SIGNATURE	DATE	COMMENTS
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Registrar

Business Office

Payment made?     Yes:    Amount: \_\_\_\_\_    Receipt # \_\_\_\_\_     No

Notes: .....  
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Assistant Registrar