



**CANADIAN COLLEGE OF  
TRADITIONAL CHINESE MEDICINE**

1048 Matheson Blvd. E  
**Mississauga, ON L4W**  
 2V2 Telephone: (905)  
 606-0062 Email:  
 info@cctcm.ca Website:  
 www.cctcm.ca

## Transfer Credits Request

Student Number (If applicable):	Program:
Last Name:	First Name:
Email:	Tel Number:
Previous Postsecondary Institution Name:	

#	Course Title	Year Completed hours	Transcript A:Attached P:Previously submitted	CCTCM Course Title	Approved	Reason Denied
1			<input type="checkbox"/> A <input type="checkbox"/> P		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not pass the test <input type="checkbox"/> Content not equivalent <input type="checkbox"/> Grade too low
2			<input type="checkbox"/> A <input type="checkbox"/> P		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not pass the test <input type="checkbox"/> Content not equivalent <input type="checkbox"/> Grade too low
3			<input type="checkbox"/> A <input type="checkbox"/> P		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not pass the test <input type="checkbox"/> Content not equivalent <input type="checkbox"/> Grade too low
4			<input type="checkbox"/> A <input type="checkbox"/> P		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not pass the test <input type="checkbox"/> Content not equivalent <input type="checkbox"/> Grade too low
5			<input type="checkbox"/> A <input type="checkbox"/> P		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not pass the test <input type="checkbox"/> Content not equivalent <input type="checkbox"/> Grade too low
6			<input type="checkbox"/> A <input type="checkbox"/> P		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not pass the test <input type="checkbox"/> Content not equivalent <input type="checkbox"/> Grade too low
			<input type="checkbox"/> A <input type="checkbox"/> P		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not pass the test <input type="checkbox"/> Content not equivalent <input type="checkbox"/> Grade too low

Evaluated by:	Date:
print	sign

Comments:

---



---



---

I have attached, or have previously submitted, official transcripts (original or certified true copies), and detailed course outlines. I confirm that this application and all accompanying documentation is accurate and complete.

Student Signature:	Date Submitted:
--------------------	-----------------

Office of the Registrar Use Only	
Fee Posted \$	Comments (if required):