

**Student Information**

First Name	Last Name	KPU Student Number	SkilledTradesBC ID
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Directions for Use

- This form is for applicants or students pursuing undergraduate studies at KPU and who have previously taken one or more vocational Foundation program(s) or Apprenticeship Level(s) within British Columbia.
 - If your vocational training occurred outside of BC, please send an email to transfercredit@kpu.ca with details of date, time, level, location, and institution of training
- In the tables below, please indicate which program(s) you have completed, and submit your form to transfercredit@kpu.ca.
- Once your vocational education is confirmed, transfer credit will be granted based on the details available here: <https://www.kpu.ca/registrar/vocational-training-credit>

Foundation Program(s): Please tick boxes of the program(s) you have completed

Appliance Service Technician Certificate	<input type="checkbox"/>
Automotive Service Technician Certificate	<input type="checkbox"/>
Carpentry/Building Construction Citation	<input type="checkbox"/>
Construction Electrician Citation	<input type="checkbox"/>
Farrier Science Certificate	<input type="checkbox"/>
Metal Fabrication/Fitter Citation	<input type="checkbox"/>
Millwright/Industrial Mechanic Citation	<input type="checkbox"/>
Parts, Warehousing, Logistics and Distribution Citation	<input type="checkbox"/>
Plumbing and Piping Citation	<input type="checkbox"/>
Welding Foundation Certificate	<input type="checkbox"/>
Welding Level A Citation	<input type="checkbox"/>
Welding Level B Citation	<input type="checkbox"/>

Apprenticeship Level(s): Please tick boxes of the level(s) you have completed

	Level 1	Level 2	Level 3	Level 4
Arborist Technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automotive Service Technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry/Building Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction Electrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Mechanic/Millwright	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landscape Horticulturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metal Fabrication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parts & Warehousing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Signature: _____ Date (dd/mm/yyyy): _____

Office Use Only

Date Received	Received by	Date Processed	Processed by
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