

FOR OFFICE USE ONLY	
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EVIDENCE NOT RECEIVED WITH APPLICATION						
	DATE	RESPONSE				
1) ()						
2) ()						
3) ()						
4) ()						
5) ()						

APPLICATION FEE IS NON-REFUNDABLE

Application for Education Credit

This application, with appropriate fee for each course section credit requested, must be submitted to the local Branch Education Chair. If credit is approved the student will be exempt from classes and examinations.

SURNAME APPLICANT NUMBER & STREET		GIVEN NAME CITY		11	NITIAL	DATE OF APPLIC	ATION			
				R	ES. PHONE	PROVINCE		POSTAL CODE		
ADDRESS										
FIRM				BUS. PHONE		OCCUPATION (TI	TLE)			
EMPLOYMEN	IT									
CHECK COURS COMPLETED THROUGH CIM		AR I	A □ B □	YEAR II	A □ B □	YEAR III	A □ B □	YEAR IV	A □ B □	CIRCLE IF CREDIT GRANTED PREVIOUSLY

USE SEPARATE APPLICATION FORM FOR EACH EDUCATION CREDIT REQUESTED

Credits will be given to applicants who have successfully completed courses having equivalent content, **provided the courses were completed during the past 7 years** and provided the following supporting evidence accompanies the applications:

- 1) Name of the educational institute, title of course, and date graduated.
- 2) Title and author of text book used and number of classroom hours.
- 3) Detailed course outline indicating the various areas covered are similar to those listed on the CIM course outlines.
- 4) Official transcript from the education institute showing grade obtained.

Note: It is the responsibility of the applicant to prove that the course taken is equivalent to the CIM course. Please provide sufficient evidence as outlined above, otherwise the credit will be denied.

TITLE OF CIM COURSE FOR WHICH CREDIT IS REQUESTED:			
TITLE OF COURSE TAKEN:			
INSTITUTION WHERE COURSE TAKEN:			
TITLE & AUTHOR OF TEXT BOOK USED:			
NUMBER OF CLASSROOM HOURS:	WRITTEN EXAM:	YES 🗆	NO 🗆
GRADE OBTAINED:	YEAR GRADUATED:		

5) All applicants not meeting the criteria for an education credit, or whose application(s) has been denied, may take a challenge exam. A minimum 60% final mark will be required for the challenge exam to succeed.

FOR BRANCH USE ONLY	FOR NATIONAL USE ONLY				
TOIL DIVENUEL ONE L					
IF APPLICATION APPROVED AT BRANCH LEVEL, SEND FIRST TWO COPIES TO NATIONAL OFFICE FOR THEIR APPROVAL.	No:				
PINK COPY RETAINED BY BRANCH FOR FOLLOW-UP	GRANTED				
In my opinion this application should be Granted Denied Denied	DENIED Date				
Date Signed	Signed				
Branch Education Chair	National				