



High School Certification
P.O. Box 8700
St. John's, NL A1B 4J6

Request for Transcript to Transfer Credit into High School

Telephone: 1-709-729-3001
Fax: 1-709-729-0611

Under the authority of Section 32c of the Access to Information and Protection of Privacy Act, personal information is collected in order for processing, handling and issuance of the appropriate official transcripts in accordance with the information supplied on this form. This information is kept confidential and handled as required by the Access to Information and Protection of Privacy (ATIPP) Act.

Any questions or comments can be directed to Manager, High School Certification, P.O.Box 8700, St. John's, NL, A1B 4J6 who can be reached at (709) 729-6261.

Attention: Manager, High School Certification

Personal Information

Full Legal Name: _____ Student Number (MCP): _____

Maiden Name: _____ Date of Birth: _____ Last Year Attended: _____

Last Grade or Level completed: _____ Last School Attended: _____

Address Information

Current Phone Number: _____ email: _____

Current Address:

Address when Last Attended School:

Transfer of Credit

1. The student/former student must be 19 years of age or older and/or out of school for one year.
2. Only post-secondary studies conducted by an official, recognized institution will be accepted.
3. An official signed and stamped transcript is required to be sent directly from the issuing institution to the Department of Education.
4. A maximum of 8 (eight) credits (55 hours of instruction for one credit and 110 hours of instruction for two credits) can be transferred back to obtain a high school diploma.

Student Authorization: I acknowledge the Department of Education, Government of Newfoundland and Labrador has authority to collect the general information contained on this form. I understand that this request will be processed only if signed by the student/former student or an authorized person, with written consent of the student/former student.

Signature: _____

Date: _____