

## Applied Counselling Certificate Program

### Addictions Foundations of Manitoba (AFM) Course Transfer Request

Students seeking credit in the Applied Counselling Certificate Program with a specialization in Addictions Studies must submit their original certificate and grade letter for the AFM courses they have completed. Original certificates and grade letters will be returned. Students must complete this form and return with all supporting documents to: Student and Instructor Services, Extended Education, 185 Extended Education Complex, University of Manitoba, Winnipeg, MB R3T 2N2.

#### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First (Given) Name: \_\_\_\_\_

Date of Birth (yy/mm/dd): \_\_\_\_\_ Student Number: \_\_\_\_\_

#### AFM COURSE TRANSFER INFORMATION

AFM course(s) being transferred into Applied Counselling Certificate:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

This section to be completed by the Student Advisor:

- Approved - Signature: \_\_\_\_\_
- Approved - Signature: \_\_\_\_\_
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- Approved - Signature: \_\_\_\_\_

Enclosed is the original certificate for AFM courses completed

Enclosed is the grade letter for AFM course completed

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your personal information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University for the purpose of facilitating registration and transferring course(s) into the certificate program. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

#### THIS SECTION TO BE COMPLETED BY STUDENT AND INSTRUCTOR SERVICES

Entered into Banner - Date: \_\_\_\_\_ Signature: \_\_\_\_\_