



# CONTINUING STUDIES

## Transcript Request Form

University of Northern British Columbia - Continuing Studies  
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### Student Information

**Student Number:**

**Legal Last Name:**

**Legal First Name:**

**Date of Birth (DD/MM/YYYY):**

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- |                         |                                  |                                  |
|-------------------------|----------------------------------|----------------------------------|
| Course # and Name _____ | <input type="checkbox"/> Include | <input type="checkbox"/> Exclude |
| Course # and Name _____ | <input type="checkbox"/> Include | <input type="checkbox"/> Exclude |
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