

# TRANSCRIPTS AND EXAMINATIONS CHANGE FORM

NOTE: Personal Education Number is **essential**. Please print clearly.

REV130129

## STUDENT IDENTIFICATION INFORMATION

1. Personal Education Number	4. Ministry School Code
2. Student Name	5. School Name
3. Birth Date	6. Local Student Identification No
7. CHANGE FROM  Address: _____  _____  Grad Program - Grade: _____  School: _____  Ministry School Code: _____	8. CHANGE TO  Address: _____  _____  Grad Program - Grade: _____  School: _____  Ministry School Code: _____

9. DELETE Courses				10. ADD/REGISTER Courses and Examinations					
COURSE NAME	COURSE CODE	SESSION YYYY MM	SCHOOL %	COURSE NAME	COURSE CODE	CHAL/ EQUIV	SESSION YYYY MM	SCHOOL %	CR

11. Add Independent Directed Studies				
IDS COURSE CODE	RELATED COURSE CODE	SESSION: YYYY MM	SCHOOL %	CREDITS

12. COMMENTS/SPECIAL INSTRUCTIONS:

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13. Authorization

Contact Name for Inquires: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ DATE: \_\_\_\_\_

Save a Copy of the completed form for your files and  
 attach the form to an email addressed to: [Trax.Data@gov.bc.ca](mailto:Trax.Data@gov.bc.ca)  
**Please include the Student PEN in the Subject Line.**  
 Ministry of Education, P.O. Box 9886, STN PROV GOVT, VICTORIA BC V8W 9T6