



Credit Transfer Waiver

I, the undersigned acknowledge that:

1. I have fully and honestly supplied all information to the best of my knowledge about the credits that I wish to transfer.
2. The credits I am transferring are evaluated only by OCTCM as being transferable towards the diploma program and may or may not be acceptable outside of OCTCM. This may include the ability to practice Acupuncture, or TCM which is regulated differently in each Country, Province, State or Region.
3. I understand that certain jurisdictions may or may not accept the credits that I am transferring as equal to the credits earned in the enrolled program at OCTCM and as such, I do not hold OCTCM responsible for any resulting issues regarding the diploma issued or certifications received.
4. I understand that if the course hours of the credits I wish to transfer are less than the course hours of the equivalent course at OCTCM this may result in a discrepancy of total training hours. This may not be acceptable in some jurisdictions and may impede your ability to qualify to practice or transfer these credits to another College or jurisdiction.
5. I understand that OCTCM recommends to retake courses where the course hours are less than those at OCTCM or if these courses were taken at a college or program that does not offer and equivalent education in Acupuncture and TCM.

Signature of Student

Date

OCTCM Use Only:

Date Received: (yyyy/mm/dd)	Staff Signature:
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