



COLLEGE OF DIETITIANS OF BRITISH COLUMBIA

Suite 409 – 1367 West Broadway, Vancouver, BC V6H 4A7

Phone: 604.736.2016 • Fax: 604.736.2018 • www.collegeofdietitiansbc.org

Request for Academic Records

Note to Applicant: It is the responsibility of individual applicants to have their academic records sent to a CDBC-approved international credential evaluation agency and the CDBC. Please complete the top part of this form and submit it to the registrar/controller of examinations/or other authorized official at the academic institution where you obtained your credential(s). Print additional copies of this form if necessary. Please note that some institutions may charge a fee for this service.

I hereby authorize the release of my academic records to the following international credential evaluation agency: _____ (select one of the three approved agencies on page 2) and the College of Dietitians of BC.

Last/Family Name		First/Given Name	
Previous Name (if applicable)	Date of Birth (dd/mm/yyyy)	Email	
Institution Name		Dates Attended From _____ To _____ (mm/yyyy) (mm/yyyy)	
Degree Name (if applicable)	Major	Year of Award (if applicable)	
Student ID or Roll Number at sending institution (if applicable)			
Applicant's Signature		Date	

Note to Authorized Official: The above-named person seeks to have his/her credentials evaluated and requests that a transcript of his/her academic records/statement of marks - showing all subjects completed and all grades/marks awarded for all years of study - be released to the following international credential evaluation agency: _____ and the College of Dietitians of BC. Please complete this form, place the form and academic record in an envelope, sign and seal the envelope across the back flap, and send it directly to the following international credential evaluation agency: _____ and the College of Dietitians of BC at the addresses below.

Name of Official Completing Form (Please type or print)		Title
Address		
City	Country	Postal Code
Telephone	Fax	Email
Website	Other Contact Information	

Confirmation: I confirm that the student named above attended _____
Institution Name

Dates of attendance from _____ to _____
month/ yr month/yr

Degree obtained (if applicable) _____
Degree Name Date Awarded (month/yr)

Authorized signature and SEAL Date

Yes, the applicant's academic transcript/statement of marks is attached to this form.

College of Dietitians of BC
Suite 409-1367 West Broadway
Vancouver, BC V6H 4A7

International Credential Agency (check one):

International Credential Evaluation Services (ICES)
3700 Willingdon Avenue
Burnaby, British Columbia, Canada V5G 3H2

International Qualification Assessment Service (IQAS)
9th Floor, 108 Street Building
9942 - 108 Street
Edmonton, Alberta, Canada T5K 2J5

World Education Services (WES)
63 Adelaide Street, Suite F100
Toronto, Ontario, Canada M5B 1J3

**PLEASE RETURN THIS FORM TOGETHER WITH THE OFFICIAL ACADEMIC
RECORDS/STATEMENT OF MARKS.**