

Personal information

HEC Montréal student number

Date of birth

_____|_____|_____|_____|_____|_____|
Year Month Day

Mr.

Ms.

Family name at birth

First name

Home telephone

_____|_____|_____|_____|_____|_____|
Area code Number

Work telephone

_____|_____|_____|_____|_____|_____|_____|_____|
Area code Number Ext.

E-mail

Previous studies (Complete one application per institution attended)

University attended: _____

Program: _____

Years: _____ to _____

I completed the program on: _____ → Specify completion date
Year Month Day

I will complete the program on: → Specify expected completion date
Year Month Day

I will not complete the program

Non-program courses completed

Objective

Degree to be earned from HEC Montréal: _____

Professional membership (if applicable): _____

Before completing this section, please carefully read the regulations for your study program.

Application

I wish to apply for: (✓)

equivalency on the basis of a course taken at another university (an equivalency recognizes the credits of a course without the student having to take or replace that course). Attach an original of the most recent official transcript or a copy certified by the educational institution and a detailed description of each course.

Course code	Title of the course taken at the original institution	Mark	Credits	Term	Course code	Title of the corresponding course at HEC Montréal	Réservé au Registrariat

I declare that the information provided above is complete and accurate: _____
Student's signature Date

Submit the form through [HEC en ligne](#) under Upload documents > Student file > Attachment Type > Course equivalency request.