

Office of the Registrar

Email: transfer.credit@senecacollege.ca
Important Academic Dates: senecacollege.ca/registrar/dates

Seneca

Transfer Credit Request

Last Name: _____ First Name: _____

Student ID Number: _____ Program: _____ Full-Time
Part-Time

Seneca Email: _____ Alternate Email: _____

→ Previous Post-Secondary Institution Name: _____

WES Reference #:

(International Institutions Only)

Transcript: Will be sent to transfer.credit@senecacollege.ca from previous institution
 Previously Submitted to Seneca College
 Previously Submitted to OCAS. Application #: _____

Please list course(s) to be evaluated. All listed courses must include detailed course outlines.

	Previous Institution Course Code	Previous Institution Course Title
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		



Do not mail documents.

All official documents, such as transcripts and WES evaluations must be sent directly from the sending institution to Seneca at transfer.credit@senecacollege.ca.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Personal information on this form is collected in accordance with sections 21, 39 and 49 of the *Freedom of Information and Protection of Privacy Act* and under the legal authority of the *Ministry of Training, Colleges and Universities Act*, R.S.O. 1990, and the *Ontario Colleges of Applied Arts and Technology Act*, 2002, Regulation 34/03, and may be used and/or disclosed for administrative, statistical and/or research purposes of the College and/or the ministries or agencies of the Government of Ontario and the Government of Canada. If you have any questions concerning the collection and use of personal information, please contact the Privacy Office at (416) 491-5050 extension 77846 or email privacyoffice@senecacollege.ca.

I have read and understood the College policy on Transfer Credit and confirm that this application and all accompanying documentation is accurate and complete.

Date: _____