

Credit transfer application form

Before submitting this form, review the [Credit Transfer website](#) and [Academic Regulations](#) for policies, instructions, and information. Students are responsible for withdrawing from courses once results have been confirmed and should be aware of OSAP implications. Only complete files will be sent for assessment.

PERSONAL IDENTIFICATION

Student ID number:	Last name:	First name:
Program:	Term of intended enrolment:	Email:

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Georgian College is compliant with the Freedom of Information and Protection of Privacy Act (FIPPA), 1990, and endeavors to treat your personal information in accordance with this law. The personal information requested on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and in accordance with Sections 38(2) and 41(1) of FIPPA. The information provided will not be used for any purposes other than the administration and evaluation of individual and block transfer credit.

For further information about the information requested on this form or the purpose for which it will be used, please contact the Office of the Registrar at Registrar@georgiancollege.ca or 705.722.1511; for more information about FIPPA, please contact the Access and Privacy office at AccessPrivacy@GeorgianCollege.ca or 705.728.1968 ext., 5770.

Signature of Applicant

Date

ADVANCED STANDING

Please respond Yes or No to the following questions and fill in all pertinent details below.

- Yes No 1. My program of interest at Georgian is similar to my previous program/studies (e.g. health science to health science program).
- Yes No 2. I have successfully completed more than six (6) postsecondary courses.
- Yes No 3. I applied for a start term beyond semester 1. NOTE: your final evaluation will indicate your semester entry (e.g. semester 3 or 5) and when that semester is offered (e.g. start date in the fall term).
- Yes No 4. I am only requesting credit for general education, communication, and/or liberal arts courses completed in my previous studies/program.

FOR FACULTY USE ONLY

Program/intake: _____

Level of entry: _____

Assessor name: _____

Assessor signature: _____

Previous institution name: _____ (If more than one institution, please use a **separate page** for each)

Course code: _____ Course title: _____ Grade earned: _____ Year complete: _____	Georgian College program information: Course code: _____ Course title: _____	Assessor name: _____ Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>
Course code: _____ Course title: _____ Grade earned: _____ Year complete: _____	Georgian College program information: Course code: _____ Course title: _____	Assessor name: _____ Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>
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