

PART 1: Applicant Information (please print)

Student #	Last Name	First name
Date of Birth	Home Phone #	Email Address
Current Date	Canadore College Program	Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

PART 2: Instructions to Applicants

- Application fees are non-refundable and the application outcome is not subject to appeal.
- Non-Canadore Credit Transfer Applications must be accompanied by **official transcripts**.
- Credit Transfer Applications must be accompanied by **full course outlines** for each non-Canadore course. Web-links to course outlines are acceptable.
- Only courses successfully completed with a **"C" grade (60%) or better** will be considered for transfer.
- If applying for **more than four** course credit transfers please use and attach additional forms.
- It is your responsibility to drop current and/or future courses from your program of study for which you receive exemptions.
- Please be aware that changes to your course load may result in changes to your status (e.g., full-time or part-time) or to your funding eligibility (e.g., OSAP).
- You will be notified by email once your application has been processed. You must continue to attend classes until you receive official notification that the credit transfer application has been approved.

PART 3: Transcripts

An **official transcript** is an original document issued by an institution. Official transcripts may be sent by fax or electronically through the Ontario Colleges Application Service (OCAS) by the issuing institution. Official transcripts, in the envelope **sealed by the institution**, may be sent by mail or delivered in person.

Check appropriate box - Official transcripts are retained for one year

- Official transcript(s) submitted in the last 12 months
- Official transcript(s) are attached / have been requested from the originating institution

PART 4: Important Information

APPLICATION DEADLINE:	Credit Transfer Applications and all accompanying documentation must be received no later than 15 business days prior to the beginning of the semester.			
RETURN FORM TO:	Canadore College Admissions Office			
	MAIL:	P.O. Box 5001 100 College Drive, North Bay, ON P1B 8K9	PHONE:	(705) 474-7600 ext. 5123
			FAX:	(705) 494-7462
APPLICATION FEES: (For transfer of non-Canadore credits)	<input type="checkbox"/>	\$25.00 for one course credit transfer request		
	<input type="checkbox"/>	\$50.00 for multiple course credit transfer requests (if applied for at the same time)		
	Note: There is no fee associated with the transfer of prior Canadore College credits.			
PAYMENTS:	Payments can be made in person at the Admissions Office, though Self Service, or via online banking.			

PART 5: Credits to be reviewed for transfer

(Applicants complete unshaded areas only)

Originating Course Code & Title	Originating Institution	Year completed	Final Grade
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Canadore College (Equivalent) Course Title	Canadore College Course Code	To which program semester does this credit apply Please circle: 1 2 3 4 5 6
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Coordinator Print Name

Coordinator Signature	<input type="checkbox"/> Approved For all students	<input type="checkbox"/> Approved - This student only	<input type="checkbox"/> Denied For all students	<input type="checkbox"/> Denied This student only
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Canadore College is required to report student level enrolment-related data to the Ministry of Training, Colleges and Universities under the authority of the Ontario Colleges of Applied Arts and Technology Act, 2002, S.O. 2002, Chapter 8, Schedule F, Section 6. The Ministry collects this data, which includes limited personal information such as Ontario Education Numbers, student characteristics and educational outcomes, in order to administer government postsecondary funding, policies and programs, including planning, evaluation and monitoring activities.

This information is also used for internal administrative and statistical purposes by Canadore College and may be shared with the Ministries/ Agencies of the Government of Ontario and/or the Government of Canada. Information will also be shared with third party service providers who are retained by the College to provide services to students or act as agents of the College (working in accordance with privacy guidelines). By signing this application, you are authorizing Canadore to use your personal information for processing your application, acceptance or registration as well as research, taxation, student insurance or funding purposes.

By signing this document I acknowledge that it is my responsibility to complete this form in full and to provide all required documentation.

Applicant Signature:	Date:
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For Office Use Only:

Program Dean Signature:	Date:
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PAID	NOTIFIED	KEYED
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