

Transfer Program Request

Last Name _____ First Name _____

Student ID Number _____ () Preferred Telephone Number _____

Seneca Email Address _____ Alternate Email Address _____

Street Address _____ Apt./Unit No. _____

City/Town _____ Province _____ Postal Code _____

I am applying to transfer from:

	_____ Current Program _____	_____ Campus _____	_____ Semester _____	
to:	_____ New Program _____	_____ Campus _____	_____ Semester _____	Start Date: (Check ONE only) Fall Winter Summer
<input type="checkbox"/>	_____ Work Integrated Learning Stream _____	_____ Campus _____	_____ Semester _____	Year: _____

Please check each of the following boxes to indicate that you acknowledge each statement:

- Program transfer may have implications for international students. You are advised to review your plans with an immigration specialist in International Student Services prior to submitting your request to ensure you continue to meet the eligibility for PGWP. Contact them at theservicehub@senecapolytechnic.ca.
- If you are receiving OSAP funding and your request has been approved, please be sure to notify Financial Aid at theservicehub@senecapolytechnic.ca.
- It is the student's responsibility to verify if this request has been approved. Please log on to your Student Home account to determine if your transfer request has been granted.

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 416.764.0400 or email privacyoffice@senecapolytechnic.ca.

I have read the above statement and hereby authorize the release of information contained herein to the above mentioned.

_____ Date