

Office of the Registrar

Email: theservicehub@senecapolytechnic.ca

Important Academic Dates: senecapolytechnic.ca/registrar/dates

Seneca

Transfer Credit Request

Last Name: _____ First Name: _____

Student ID Number: _____ Seneca Email: _____

Seneca Program: _____ Full-Time Part-Time

PREVIOUS EDUCATION

Previous Post-Secondary Institution Name: _____

Did you complete a 3 or 4 year degree at this institution? Yes No In Progress

Note: All applications for evaluations of courses from an international institution will require an official credential evaluation report.

Was this institution outside of Canada (international)? Yes No

↳ If yes, please provide your WES (World Education Services) reference #: _____

OFFICIAL TRANSCRIPTS

Please indicate how your official transcript will be shared with Seneca.

Will be sent:

- to theservicehub@senecapolytechnic.ca directly from the previous institution
- to theservicehub@senecapolytechnic.ca via a third party service (example, MyCreds)
- via WES (World Education Services). I have provided my WES reference number.

Has been previously submitted:

- to Seneca
- to OCAS
- ↳ Application #: _____

COURSE DETAILS & OUTLINES

Please list all courses to be evaluated.

All listed courses must include a detailed course outline. When submitting your application by email attach all outlines as individual PDFs.

PREVIOUS COURSE INFORMATION		SENECA COURSE INFORMATION	
COURSE CODE	COURSE TITLE	COURSE CATEGORY*	SENECA COURSE CODE
1.		<input type="checkbox"/> COM <input type="checkbox"/> GENED <input type="checkbox"/> PROF	
2.		<input type="checkbox"/> COM <input type="checkbox"/> GENED <input type="checkbox"/> PROF	
3.		<input type="checkbox"/> COM <input type="checkbox"/> GENED <input type="checkbox"/> PROF	
4.		<input type="checkbox"/> COM <input type="checkbox"/> GENED <input type="checkbox"/> PROF	
5.		<input type="checkbox"/> COM <input type="checkbox"/> GENED <input type="checkbox"/> PROF	
6.		<input type="checkbox"/> COM <input type="checkbox"/> GENED <input type="checkbox"/> PROF	
7.		<input type="checkbox"/> COM <input type="checkbox"/> GENED <input type="checkbox"/> PROF	
8.		<input type="checkbox"/> COM <input type="checkbox"/> GENED <input type="checkbox"/> PROF	
9.		<input type="checkbox"/> COM <input type="checkbox"/> GENED <input type="checkbox"/> PROF	
10.		<input type="checkbox"/> COM <input type="checkbox"/> GENED <input type="checkbox"/> PROF	

* Select the category of course you are applying to receive a transfer credit for (COM=Communications, GENED=General Education or Liberal Studies, PROF=Professional)

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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