

Office of the RegistrarEmail: theservicehub@senecapolytechnic.caImportant 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)

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

Date