

Office of the Registrar

Telephone: 416.764.9900

Email: theservicehub@senecapolytechnic.caImportant Academic Dates: senecapolytechnic.ca/registrar/dates

Seneca

Transfer Credit Appeal

**With this form, you must submit:**

1. A letter outlining the reason for your appeal.
2. New evidence/information supporting your appeal letter.

Last Name: _____ First Name: _____

Student ID Number: _____ Program: _____ Full-Time
Part-Time

Seneca Email: _____ Alternate Email: _____

Previous Post-Secondary Institution Name: _____

└─ Course Code: _____ Course Title: _____

Seneca Course: _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

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I have attached, or have previously submitted are official transcripts (original or certified true copies) and detailed course outlines. 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: _____

For Office Use Only:**Decision:**☐ **Granted** → Seneca Course Code: _____☐ **Declined** → Comments: _____

Evaluated By: _____ Date: _____

Posted By: _____ Date: _____