NORTHERN COLLEGE
REQUEST FOR ADVANCED STANDING - TRANSFER CREDIT (EXTERNAL)

Student Name: ___________________________ Student Number: ___________________________
Address: _________________________________ Phone #: (______) ____________________________
E-mail: _________________________________ Campus: _________________________________

TRANSFER CREDIT APPLICATION (EXTERNAL)

I hereby apply for a Transfer Credit in the following Northern College course (ONE form per course request):

**Course Name:** ___________________________ **Course Code:** ___________________________

**Program:** ___________________________ **Program Code:** ___________________________

**College/University:** ___________________________ **Program Name:** ___________________________
**Course Name:** ___________________________ **Grade/Mark:** ___________________________
**Course Code:** ___________________________ **Date Course Completed (year only):** __________

Level of Completion: □ Apprenticeship classroom training (all levels) □ Partially completed College program
□ Bachelor’s Degree/ Bachelor’s Degree: Honors □ Partially completed university program
□ Graduate Level Certificate, Diploma or Degree □ University undergraduate certificate or diploma
□ Ontario College Certificate □ Other: ___________________________
□ Ontario College Diploma or Advanced Diploma □ Not Applicable

**College/University:** ___________________________ **Program Name:** ___________________________
**Course Name:** ___________________________ **Grade/Mark:** ___________________________
**Course Code:** ___________________________ **Date Course Completed (year only):** __________

I have read and understand the details about External Transfer Credits. Official transcripts, detailed course outlines and/or other required documentation from my previous institution(s) are attached to this application.

**Student Signature:** ___________________________ **Date Submitted:** ___________________________

NOTE: The Request for Transfer Credit (External) Form must be submitted by the student by the date stated in Academic Calendar. Fully completed forms must be received in the Registrar’s Office within three weeks of that date.

TRANSFER CREDIT (EXTERNAL) EVALUATION

(Payable by Student Services staff)

**Payment Received:** $ ___________ **Staff Signature:** ___________________________ **Date:** ___________

EXTERNAL TRANSFER CREDIT RESULTS (to be completed by the Program Coordinator or designate)

□ Approved □ Denied Notes:
□ Approved for ON Transfer Web Site as approved equivalency OR □ Approved for this student only

**Faculty (if necessary):** ___________________________ **Date:** ___________________________ **Department:** ___________________________
**Coordinator:** ___________________________ **Date:** ___________________________ **Department:** ___________________________
(Forward signed form to pathways@northern.on.ca; Pathways Officer to inform student)

TRANSCRIPTING (to be completed by Registrar’s Office)

**Transcribed by:** ___________________________ **Date:** ___________________________
**Revised:** April 2016