



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: _____

Past Study Information: Course #1

College/University: _____ Program Name: _____

Course Name: _____ Grade/Mark: _____

Course Code: _____ Date Course Completed (year only): _____

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

Past Study Information: Course #2

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

(College Use Only)

PAYMENT *(to be completed 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