

Student Name: _____

Student Number: _____

Address: _____

Phone #: (_____) _____

E-mail: _____

Campus: _____

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

Northern College Course Name: _____ Northern College Course Code: _____

Northern College Program Name: _____ Northern College 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:
- | | |
|---|--|
| <input type="checkbox"/> Apprenticeship classroom training (all levels) | <input type="checkbox"/> Partially completed College program |
| <input type="checkbox"/> Bachelor's Degree/ Bachelor's Degree: Honours | <input type="checkbox"/> Partially completed university program |
| <input type="checkbox"/> Graduate Level Certificate, Diploma or Degree | <input type="checkbox"/> University undergraduate certificate or diploma |
| <input type="checkbox"/> Ontario College Certificate | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ontario College Diploma or Advanced Diploma | <input type="checkbox"/> Not Applicable |

Past Study Information: Course #2

College/University: _____ Program Name: _____

Course Name: _____ Grade/Mark: _____

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

- Level of Completion:
- | | |
|---|--|
| <input type="checkbox"/> Apprenticeship classroom training (all levels) | <input type="checkbox"/> Partially completed College program |
| <input type="checkbox"/> Bachelor's Degree/ Bachelor's Degree: Honours | <input type="checkbox"/> Partially completed university program |
| <input type="checkbox"/> Graduate Level Certificate, Diploma or Degree | <input type="checkbox"/> University undergraduate certificate or diploma |
| <input type="checkbox"/> Ontario College Certificate | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ontario College Diploma or Advanced Diploma | <input type="checkbox"/> Not Applicable |

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 External Transfer Credit Form must be submitted by the student by the date stated in Academic Calendar.

External Transfer Credit Evaluation – College Use Only**PAYMENT**

Payment Received: \$ _____ Staff Signature: _____ Date: _____

EXTERNAL TRANSFER CREDIT RESULTS (to be completed by the Program Coordinator or designate)☐ Approved ☐ Denied Notes _____

Faculty (if necessary): _____ Date: _____ Department: _____

Coordinator: _____ Date: _____ Department: _____

(Forward signed form to Pathways Office pathways@northern.on.ca. Pathways Officer to inform student)