

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:
- Apprenticeship classroom training (all levels)
 - Bachelor’s Degree/ Bachelor’s Degree: Honours
 - 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): _____

- Level of Completion:
- Apprenticeship classroom training (all levels)
 - Bachelor’s Degree/ Bachelor’s Degree: Honours
 - 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

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)