

Office of the Registrar

Telephone: 416.764.9900

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

Seneca

For transfers to **SEMESTER 1** of a program please submit to the **ADMISSIONS** Office.

Transfer Program Request

Last Name _____ First Name _____

Student ID Number _____ ()
Preferred Telephone Number _____

Seneca Email Address _____ Alternate Email Address _____

Street Address _____ Apt./Unit No. _____

City/Town _____ Province _____ Postal Code _____

I am applying to transfer from:

	_____	Current Program	_____	Campus	_____	Semester	
to:	_____	New Program	_____	Campus	_____	Semester	Start Date: (Check ONE only)
							Fall
							Winter
							Summer
<input type="checkbox"/>	_____	Work Integrated Learning Stream	_____	Campus	_____	Semester	Year: _____

➔ It is the student's responsibility to verify if this request has been approved. Please log on to your Student Center account PRIOR TO REGISTRATION to determine if your transfer request has been granted. If you are receiving OSAP funding and your request has been approved, please be sure to notify the Financial Aid Office. ➔

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Personal information on this form is collected in accordance with sections 21, 39 and 49 of the *Freedom of Information and Protection of Privacy Act* and under the legal authority of the *Ministry of Training, Colleges and Universities Act*, R.S.O. 1990, and the *Ontario Colleges of Applied Arts and Technology Act*, 2002, Regulation 34/03, and may be used and/or disclosed for administrative, statistical and/or research purposes of the College and/or the ministries or agencies of the Government of Ontario and the Government of Canada. If you have any questions concerning the collection and use of personal information, please contact the Privacy Office at 416.764.0400 or email privacyoffice@senecacollege.ca.

I have read the above statement and hereby authorize the release of information contained herein to the above mentioned.

Date _____

FOR OFFICE USE ONLY:

Application Updated By: _____ Date: _____

Program Updated By: _____ Date: _____