

APPLICATION FOR RE-ADMIT OR TRANSFER

Print clearly using BLOCK LETTERS. Application fees are not required. Applications will not be considered if they are not fully completed, including signature of applicant. The submission of this form and meeting minimum admission requirements does not guarantee admission.

ABOUT YOURSELF

Student Number: 3011-152-180 SIN Number: 947-093-332
 Legal Last Name: SOLANKI First Name: MANAL
 Middle Name: _____ Date of Birth: 1997-10-27
Year Month Day
 Street Address: G, SPRING VALLEY CRT.
 City: BRAMPTON Province: ONTARIO Postal Code: L6P 2E6
 Telephone: (1) 437-776-9678 Business Telephone: () _____
 E-mail: 97MANAL@GMAIL.COM
 Canadian Citizen? ☐ Yes ☐ No If no, specify country of citizenship _____
☐ Permanent Resident (Landed Immigrant) ☐ Student Authorization (Study Permit/Student Visa)
☐ Other (Specify) _____

THIS APPLICATION IS FOR (ONE OF THE FOLLOWING):

- ☐ I wish to apply for a Program Transfer
☒ I would like to apply for re-admission into my current or last program
☐ I wish to continue my program studies in a part-time mode

CHANGE REQUESTED FOR ACADEMIC YEAR 20__ / __

- ☐ Fall Semester
☒ Winter Semester
☐ Summer Semester

ABOUT YOUR PROGRAM

Name of current or last Centennial program: SOFTWARE ENG. TECHNOLOGY - ARTIFICIAL INTELLIGENCE (1)
 Program number: 3422 Campus PROGRESS Last semester attended (e.g. Fall 06) _____

I WISH TO TRANSFER INTO THE FOLLOWING PROGRAM(S)

- ☐ CHOICE 1: SOFTWARE ENG. TECHNOLOGY ARTIFICIAL INTELLIGENCE Semester (e.g. third): FIRST
(FT)
☐ CHOICE 2: _____ Semester (e.g. third): _____
☐ CHOICE 3: _____ Semester (e.g. third): _____

I hereby declare that the information submitted on this application is true and accurate to the best of my knowledge. I understand the submission of this application, and meeting minimum admission standards does not guarantee approval of my application, or admission into the program of my choice. I hereby authorize Centennial College to release my academic information and school records to Centennial Academic Schools and personnel to facilitate the processing of this application. I further authorize Centennial College to release my application and registration information to the Ontario College Application Services (OCAS), Ontario Universities Application Centre (OUAC), Ontario Universities, provincial and federal ministries and agencies for statistical purposes and for the issuance of income tax receipts. In the event that I have applied to one or more collaborative programs offered by the Ontario colleges and The Ontario Universities, I authorize Centennial College to disclose the application and academic data with OUAC and the applicable universities. The information on this form is collected under the legal authority of the Ministry of Colleges and Universities Act, R.S.O. 1980, Chapter 272, S.5; R.R.O. 1980, Regulation 640. The information is used for administration and statistical purposes of the College and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada. Any inquiries about this authorization may be directed to the Registrar, Centennial College.

SIGNATURE OF APPLICANT

DATE

TO BE COMPLETED BY YOUR ACADEMIC ADVISOR

Program: _____ Semester (Classification e.g. PS2): _____
 Recommendation: ☐ Admit ☐ Admit, Conditional ☐ Wait List ☐ Denied Admission
 Reason for Decision: _____

Courses Required: Section # to be indicated during the registration period)

Course Number	Section#	Course Number	Section#
1 _____	_____	4 _____	_____
2 _____	_____	5 _____	_____
3 _____	_____	6 _____	_____

Date: _____ Academic Advisor's Signature X _____

Date sent to the school: _____ Date received from the School: _____