



INTERNAL PROGRAM TRANSFERS BEYOND LEVEL 01

NOTE: This process is restricted to transfers within the same School, and excludes transfers from diploma/advanced diploma programs to certificate programs.

Today's Date: _____ Return Date: _____

To Be Completed By Registrar's Office:

The following full-time Algonquin student has requested to transfer from one program to another within the same School.

To: _____

Client Service Officer: _____ Room C150 Ext: _____

SECTION I:

TO BE COMPLETED BY STUDENT: Please enter your requested exemptions on back of form for approval.

Student's Name: _____ Student Number: _____

Address: _____

Telephone No: _____

Program requested: _____

Level requested:

AAL: 02, 03, 04, 05, 06
(Please circle one)

Term requested:

Fall Winter Summer
(Please circle one)

Program in which currently registered: _____

Student's Signature _____ Date: _____

SECTION II:

TO BE COMPLETED BY Chair/Dean (Please return to Registrar's Office.)

(Please note: If student is recommended for acceptance to Level 01, s/he must send an official application to ontariocolleges.ca)

- This candidate is not acceptable to Level _____, in the _____ Term
- This candidate is acceptable to Level _____, in the _____ Term with no conditions.
- This candidate is acceptable to Level _____ but must be placed on a waiting list.
- This candidate is conditionally acceptable to Level _____ on the following condition:

Please list the Course(s)/Section in which the student should be registered in _____ Term:

Other Comments: _____

Evaluated by: _____
(Signature of Academic Administrator)

Date: _____

SECTION III: This form is to be forwarded to the department from which the student is transferring:

Reviewed by: _____
(Chair/Dean Signature)

Date: _____

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Please see reverse

