

Undergraduate Transfer Credit Form – Outbound Exchange

2000 Simcoe Street North, Oshawa, ON L1G 0C5 Canada | 905.721.3190 | ontariotechu.ca

Use this form if you are an undergraduate student participating in an outbound exchange for transfer credit. Transfer credit will be allocated upon review and approval of the courses listed. Academic advising must approve any course changes. While on exchange, students are registered in a placeholder course, EXCH 9999U which corresponds to the number of approved credit hours. Once this

University student email address Faculty		First name	Exchange sem				Student Nu	ımber			
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Faculty	Program		Fall		Exchange semester				Exchange dates (mm/dd/yyyy)		
Faculty	Program			Winter	Summer		From:		To:		
		Faculty Program			Current year of study		Expected C	Graduation Year	Cumulative GPA		
Host Institution						Host Country	У				
Will your exchange start date overlap with Yes			No I	If yes, have you obtained permission for the ov			overlap?	verlap? Yes No			
course(s) you are registered in at Ontario Tech? Permission from the Faculty and International Office is required.											
Student Course Selections: While on exchange, students are registered in a placeholder course at Ontario Tech (EXCH 9999U) and will be							Faculty Advising Office Use Only:				
charged the applicable tuition/ancillary fees in MyOntarioTech based on the number of approved credit hours.											
Language of Host C	Host Course Code		Host Course Name		t Value	In-Class Hour	-	io Tech Equivale Course Code	ent Course Attribute		
English I	IB3036		International Finance (example only)		CTS 50			UNSP 3XXX			
<u> </u>											
				Total Credi	ts:	Total Hours:					
Faculty Advising Office Use Only: Min. CPA requ		requirement met	uirement met		Approval signature:			Date:			
International Office Use Only: Ontario Tecepuivalent of		ch total credit hours:		Approval sign	Approval signature:			Date:			
	'			1				'			
By signing below, you hereby acknowledge by be processed unless it is signed and		eed to achieve a m	inimum of 60% on	each exchange cou	irse for the o	redits to transfer	toward your C	Intario Tech degr	ee. This form will not		
Student's signature							Date				

Personal information on this form is collected under the authority of the University of Ontario Institute of Technology Act, SO 2002, c. 8, Sch. O. and will be collected, protected, used, disclosed and retained in compliance with Ontario's Freedom of Information and Protection of Privacy Act R.S.O. 1990, c. F.31. This information will be used for education, administrative and statistical purposes and to administer registration within the University. Questions regarding the collection of your personal information may be directed to the Registrar, 2000 Simcoe Street North, Oshawa, ON L1G 0C5, 905.721.3190, email: connect@ontariotechu.ca. If you require this information in an alternative format due to disability, please email internationalexchange@ontariotechu.ca.