

Final Study Plan/Transfer Credit Form

Undergraduate



Name:			Host University:		
Student No:			Exchange Term (circle those applicable): Fall Winter Summer		
Host Course Load:			Exchange Term Dates From: To:		
Faculty:	Program:	Major:			

EXCH Code	Lang. taught in	Host Code	Host Course Name	# Hrs /term	Host Credit Value	UOIT Equiv.	P/F	Coded & Dated
EXCH9999U	French	IB303	International Finance (<i>Example Only</i>)	40	6 ECTS	UOIT elective		
TOTAL UOIT CREDIT HOURS =								

Transfer credit will be allocated upon review and approval of the courses listed above. The Academic Advisor must approve any changes.

Student's Signature

Faculty Approval Signature

Date

Cc: lop@uoit.ca
Grace Bishop, Office of the Registrar
Scott Clerk, International Office

Protection of Privacy: Personal information in connection with this form is collected under the authority of Freedom of Information and Protection of Privacy Act and The UOIT Act, 2002. The information will be used to record and track your progress in academic programs and may be used for related record keeping purposes and will form part of your student record at UOIT. If you have any questions about the collection of this information by the Registrar's Office, UOIT, please contact: 905 721 8668 x6553.