

This form is for graduate students who wish to transfer credits from a previous uncompleted graduate-level degree. All graduate course transfer credits must be approved by the graduate program director delivering the equivalent course. Graduate courses are not considered for transfer credit if they were completed more than eight years prior to admission or if the grade received in the course is below B-minus (or equivalent, if credits are from outside of Canada). Transfer credits are indicated by a "T" on the student's transcript and are not included in Ontario Tech University's GPA calculation. Normally, transfer credits must not have been credited towards an acquired degree or other academic credential. At least 50 per cent of all coursework must be completed at Ontario Tech University.

Accompanying documentation: for graduate transfer credit requests, students must arrange to have an official transcript sent directly from the issuing institution (if not done at the time of admission) and submit copies of course syllabi to the School of Graduate and Postdoctoral Studies.

To be completed by the student:

Last name _____ First name _____ Ontario Tech University Student Number _____

Program _____ OntarioTechu.net email address _____ Effective term _____

I wish to transfer the following course(s) to my OntarioTech graduate-level program:

Course code	Course title	Institution where taken	Term/semester of course i.e. Fall 2015	Grade

By signing below, I confirm that I understand the following (all must be checked before request is considered):

Only credits will be transferred to my Ontario Tech University account. Grades for transferred courses will not be reflected in my Ontario Tech University cumulative GPA.

My request will not be considered until my official transcript and copy of course syllabi are submitted.

Student's signature _____ Date _____

To be completed by the supervisor/co-supervisor (if applicable) and graduate program director:

_____ Supervisor signature	_____ Graduate Program Director Signature	_____ SGPS Approval/Signature
_____ Date	_____ Date	_____ Date
Approved Declined	Approved Declined	Approved Declined

FOR SGPS USE ONLY:

Processed by: _____ Signature _____ Date _____