

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: _____ SIN Number: _____

Legal Last Name: _____ First Name: _____

Middle Name: _____ Date of Birth: _____

Year / Month / Day

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Business Telephone: _____

Email: _____

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: _____

Program number: _____ Campus: _____ Last semester attended (e.g. Fall 06): _____

I WISH TO TRANSFER INTO THE FOLLOWING PROGRAM(S):

- | | |
|--|---|
| <input type="checkbox"/> CHOICE 1: _____ | <input type="checkbox"/> Semester (e.g. third): _____ |
| <input type="checkbox"/> CHOICE 2: _____ | <input type="checkbox"/> Semester (e.g. third): _____ |
| <input type="checkbox"/> CHOICE 3: _____ | <input type="checkbox"/> 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.

NAME 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 Number	Course Number	Section Number
1 _____ - _____ - _____		4 _____ - _____ - _____	
2 _____ - _____ - _____		5 _____ - _____ - _____	
3 _____ - _____ - _____		6 _____ - _____ - _____	

Date: _____ Academic Advisor's Name: _____

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

*This serves as (your official) signature.