

# 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):

☐ CHOICE 1: \_\_\_\_\_ ☐ Semester (e.g. third): \_\_\_\_\_

☐ CHOICE 2: \_\_\_\_\_ ☐ Semester (e.g. third): \_\_\_\_\_

☐ CHOICE 3: \_\_\_\_\_ ☐ 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.

SIGNATURE 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 Signature X: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_