		REGISTRAR'S OFFICE
ALG		AL PROGRAM TRANSFERS BEYOND LEVEL 01
NOTE:		ers within the same School, and excludes transfers from ms to certificate programs.
Today's	s Date:	Return Date:
To Be C The foll	Completed By Registrar's Office: owing full-time Algonquin student has	requested to transfer from one program to another within the same School.
То:		
Client S	ervice Officer:	Room C150 Ext:
SECTIO TO BE		enter your requested exemptions on back of form for approval.
Student	s Name:	Student Number:
Address	S:	
		Telephone No:
Program	n requested:	
	equested:	Term requested:
AAL: (02, 03, 04, 05, 06	Fall Winter Summer (Please circle one)
Progran	n in which currently registered:	
Student		Date:
SECTI TO BE		e return to Registrars Office)
	This candidate is acceptable to Level This candidate is conditionally accepta	vel, in the Term , in the Term with no conditions. but must be placed on a waiting list. able to Level on the following condition:
Please	list the Course(s)/Section in which the	e student should be registered inTerm:
Other (Comments:	
Evalua	ted by:	
Doto	ted by:	(Signature of Academic Administrator)
		the department from which the student is transferring:
Review		
		(6)
Date:		
through thi The inform of Canada Association College pu Avenue, O those held the nationa	s document is collected under the legal authorization of ation is used for educational, administrative and statist . Administrative purposes may include the disclosure or to establish qualifications for benefits such as drug blishes the names of students who graduate and/or ac ttawa, ON, K2G 1V8 or (613) 727-4723. Under the Pr by Statistics Canada. Students who do not wish to ha al database. Further information on the use of this info	tection of Privacy Act, Algonquin College requires that you read the statement below. The information gathered f the Ontario Colleges of Applied Arts and Technology Act, 2002, S.O. 2002, Chapter 8, Schedule F, Section 6. ical purposes of the College and/or ministries and agencies of the Government of Ontario and the Government o or on behalf of the Students' Association of Algonquin College for the purposes of the activities of the g plan cards, OC Transpo passes, Alumni Association or for the Key Performance Indicators Survey. The hieve academic excellence. For questions related to this policy, please contact the Registrar, 1385 Woodroffe ivacy Act, individuals can request access to their own, individual information held on federal banks, including we their information used may ask Statistics Canada to remove their identification and contact information from rmation can be obtained from Statistics Canada's web site: <u>http://www.statscan.ca</u> or by writing to the n Statistics, 17 th Floor, R.H. Coats Building, Tunney's Pasture, Ottawa, K1A 0T6.
Adm576b		Registrar's Office October 2010

STUDENT NAME: _____

STUDENT NUMBER:

To be completed by Student					To be completed by Department				Registrar		
Course Number	Course Exemption Requested: Course Title	Level Offered	Course Number	Exemption Request Based on: Course Title	Date Completed	Granted	Pending Grade	Denied	Course Chair/Coordinator	Date Entered	Entered by
Academic Administrator Signature Date											