

Date Received
Office Use Only

Transfer Request/Exemption Form

Registrar's Office

222 St. Patrick Street Toronto, ON M5T 1V4

regoffice@michener.ca | 1 (416) 596-3117 or 1 (800) 387-9066

Transfer/exemption requests will only be considered for admitted applicants or current full-time students. Must be received 3 weeks prior to the start of classes.

STUDENT ID:					DATE O	F BIRTH:	MM	DD	YYYY		
NAME AND ADDRESS (Please Print Clearly)											
LAST NAME			PREVIOUS LAST NAME		FIRST NAME	FIRST NAME			MIDDLE NAME		
TELEPHONE (Home)		TELEP	HONE (Mobile	e)	EMAIL ADDRESS						
REQUEST FOR CREDIT TRANSFER/EXEMPTION											
						6 111 5		OMAS Grade	OMAS Grade* Credit Granted		
External Institution External Course		e(s)	Course	Title(s		Credit Requested		(Office Use O	nly) (Office Use Only)		
Minimum grade of C or 2.00 Grade Point on OMSAS Scale											
Please include supporting documents with your application.											
□ Official Transcripts □ Detailed course description(s)/ □ WES/ICAS equivalency documents (if											
outline(s) applicable)											
Date: Student's Signature											
PAYMENT INFORMATION											
Fee \$25.00. Please indicate payment method:											
□ Visa							E	PIRY DATE			
□ AMEX □ MasterCa	ard										
Cardholder Signature			Cardholder Name (Please Print)			rint)	Date				
Other Payment Methods:											
□ Cash(in person only) □ Debit Card			rson only)		Money Order	Money Order		ified Cheque or Money Order			
OFFICE USE	Evaluator:										
ONLY		ame	me		Signature			Date			
	Chair:Na				Signature			Da	Date		
Registrar's Office:			ЗУ		Date						

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