Toronto Metropolitan University

TRANSFER CREDIT APPLICATION FOR CHANG SCHOOL CERTIFICATE AND SCHOOL OF GRADUATE STUDIES STUDENTS

IMPORTANT: PLEASE READ INSTRUCTIONS PRIOR TO COMPLETING THIS FORM

Visit www.torontomu.ca/transfer-credits for application instructions and deadlines.

• **Undergraduate students must apply using the Online Transfer Credit Application**

• **CE students:**

1. You must be enrolled in a Certificate program.
2. Complete one application per course and attach a detailed pdf course outline/syllabus to each application form.
3. Using your **Toronto Metropolitan University (TMU) email**, submit complete applications to tcredits@torontomu.ca
4. Submit officially certified transcripts to the ServiceHub (POD 150) or mail to: Toronto Metropolitan University, Transfer Credit Unit, 350 Victoria Street, Toronto ON, M5B 2K3

PART 1: To be completed by the student
PLEASE FILL OUT FORM ACCURATELY AND COMPLETELY.

_____
Student ID No.

_____
TMU Program

_____   _____
First Name   Middle Initial

_____
Last Name

    Certificate Student - You must be enrolled in a Certificate program.

    Graduate Student - Before applying contact your Program Administrator.

EXTERNAL COURSE: Course details must match your transcript. Use one form per external course.

_____   _____   _____
PREVIOUS EDUCATIONAL INSTITUTION   COURSE CODE   COURSE TITLE

_____   _____   _____   _____
YEAR COMPLETED (e.g. 2022)   TERM COMPLETED (e.g. Fall)   NO. OF TERMS (e.g. 1 or 2)   FINAL GRADE

CERTIFICATE STUDENTS MUST IDENTIFY A SPECIFIC TMU COURSE CODE FROM WITHIN THEIR PROGRAM'S CURRICULUM:

TMU COURSE: _____

BY EMAILING THIS APPLICATION, I AFFIRM THIS APPLICATION AND ACCOMPANYING DOCUMENTATION IS ACCURATE

PART 2: To be completed by Transfer Credit Unit

☐ **INCOMPLETE:**   ☐ Transcript   ☐ Course Outline   ☐ Other _____

Date Communication Assigned: _____   Initials: _____

☐ **COMPLETE:**   ☐ NO RULE   ☐ GRANTED: _____   ☐ **DENIED:**   ☐ Institution   ☐ Grade   ☐ NoEq

  Date: _____   Initials: _____

☐ **POSTED**   Date: _____   Initials: _____   ☐ Other _____

PART 3: To be completed by authorized Teaching Department Representative

☐ **TMU CREDIT(S) GRANTED** _____   **USING EXTERNAL COURSE(S):** _____

☐ **CREDIT DENIED**   ☐ Content   ☐ Level   ☐ Too old   ☐ Other _____

_____   _____   _____
Evaluator's Name   Signature   Date

Transfer Credit Unit,
350 Victoria Street, Toronto, Ontario, Canada M5B 2K3
www.torontomu.ca/transfer-credits | tcredits@torontomu.ca | Tel: 416-598-5959

To learn about TMU's Policy on the protection of personal information visit
www.torontomu.ca/privacy
TC Form Apr/2023