

**IMPORTANT: PLEASE READ INSTRUCTIONS PRIOR TO COMPLETING THIS FORM**

Visit [www.ryerson.ca/transferecredits](http://www.ryerson.ca/transferecredits) 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 **Ryerson e-mail**, submit complete applications to [tcredits@ryerson.ca](mailto:tcredits@ryerson.ca)
4. Submit officially certified transcripts to the Service Hub (POD 150) or mail to: Ryerson University, Transfer Credit Unit, POD-363, 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. \_\_\_\_\_

Ryerson 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. 2013)	TERM COMPLETED (e.g. Fall)	No. of Terms (e.g. 1 or 2)
		FINAL GRADE

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

RYERSON COURSE: \_\_\_\_\_

**BY E-MAILING THIS APPLICATION, I AFFIRM THIS APPLICATION AND ACCOMPANYING DOCUMENTATION IS ACCURATE**

**PART 2: To be completed by Transfer Credit Unit**

<input type="checkbox"/> <b>INCOMPLETE:</b>	<input type="checkbox"/> Transcript	<input type="checkbox"/> Course Outline	<input type="checkbox"/> Other _____
Date Communication Assigned: _____ Initials: _____			
<input type="checkbox"/> <b>COMPLETE:</b>	<input type="checkbox"/> NO RULE	<input type="checkbox"/> GRANTED: _____	<input type="checkbox"/> <b>DENIED:</b> <input type="checkbox"/> Institution <input type="checkbox"/> Grade <input type="checkbox"/> NoEq
Date: _____ Initials: _____			
<input type="checkbox"/> <b>POSTED</b>	Date: _____	Initials: _____	<input type="checkbox"/> Other _____

**PART 3: To be completed by authorized Teaching Department Representative**

<input type="checkbox"/> <b>RYERSON CREDIT(S) GRANTED</b> _____	<input type="checkbox"/> <b>USING EXTERNAL COURSE(S):</b> _____
<input type="checkbox"/> <b>CREDIT DENIED</b>	<input type="checkbox"/> Content <input type="checkbox"/> Level <input type="checkbox"/> Too old <input type="checkbox"/> Other _____
_____ <b>Evaluator's Name</b>	_____ <b>Signature</b>
	_____ <b>Date</b>