

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

Visit [www.torontomu.ca/transfercredits](http://www.torontomu.ca/transfercredits) 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](mailto: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**