



TRANSFER REQUEST FORM

The Office of Research and Field Development, Faculty of Education
023 Winters College, 4700 Keele Street, Toronto, ON M3J 1P3
Tel: (416) 736-5003/ Fax: (416) 736-5023
Email: raiseyouraq@edu.yorku.ca
Website: www.raiseyouraq.ca

For Withdrawal Policy and Refund Schedule please visit our website at: <http://www.raiseyouraq.ca/fees.html>

PERSONAL INFORMATION (Please print in block letters)

Ontario College of Teachers
Registration Number:

Birth Date: / /
MM DD YY

Mr. Mrs. Miss Ms

Surname: _____ First Name: _____ Initial: _____

Email: _____

Telephone Number: Home: () _____ Work: () _____

Course Code and Course Title to transfer from

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Course Code

Course Title

Course Code and Course Title to transfer to

--	--	--	--	--	--	--	--

Course Code

Course Title

Reason for transfer request

APPLICANT'S SIGNATURE: _____

DATE: _____

Your signature certifies you are aware of the Withdrawal Policy & Refund Schedule. See: <http://www.raiseyouraq.ca/fees.html>

FOR OFFICE USE ONLY:

Initial Course Fee: _____ Approval Date: _____ Approval Signature: _____

New Course Fee _____ Date Processed: _____ Processing Signature: _____

Additional amount to be charged or (refunded): _____ Comments: _____