



CONESTOGA  
REGISTRAR'S OFFICE

# Advanced Standing Application Form

**Use this form for:**

- **Program Transfer with Advanced Standing:** Currently enrolled in a Program and wish to transfer to a semester beyond semester one of another program

- **Readmission with Advanced Standing:** Formerly enrolled in a Program and wish to be admitted to a program beyond semester one

**Note:** If you need help to complete this form, please call the Information Centre at 519-748-5220, ext. 3656.

**Processing Fee** A \$30 fee is charged for processing this information. Form to be submitted to the Registrar's Office. This item is not taxable.

Mr  Mrs  Ms OEN # \_\_\_\_\_ Student # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Second Name \_\_\_\_\_

Previous Last Name \_\_\_\_\_ Date of Birth (Y/M/D) \_\_\_\_\_

Apt. #, Street # and Name \_\_\_\_\_ City \_\_\_\_\_

Province or Country \_\_\_\_\_ Postal Code \_\_\_\_\_ Tel. No. \_\_\_\_\_

Alternate Tel. No. \_\_\_\_\_ Email \_\_\_\_\_ Fax No. \_\_\_\_\_

Have you attended a program or course at Conestoga?  Yes  No  Full-time  Part-time

Program Attended \_\_\_\_\_ Years Attended \_\_\_\_\_

Canadian Citizen  Permanent Resident (attach documentation)  Student Visa (attach documentation) OR Country of Citizenship \_\_\_\_\_

I have attached proof of the Admission Requirements for the program(s) listed below.

Admission requirements are listed in College publications, or call the Information Centre 519-748-5220, ext. 3656

1. Program Name \_\_\_\_\_ Program Number \_\_\_\_\_

Semester or Level \_\_\_\_\_ Campus \_\_\_\_\_ Start Date\* \_\_\_\_\_ Full-time  Part-time  Co-op  Non Co-op

2. Program Name \_\_\_\_\_ Program Number \_\_\_\_\_

Semester or Level \_\_\_\_\_ Campus \_\_\_\_\_ Start Date\* \_\_\_\_\_ Full-time  Part-time  Co-op  Non Co-op

3. Program Name \_\_\_\_\_ Program Number \_\_\_\_\_

Semester or Level \_\_\_\_\_ Campus \_\_\_\_\_ Start Date\* \_\_\_\_\_ Full-time  Part-time  Co-op  Non Co-op

\* If the requested start date is not available, applicant may be considered for the next available start date.

## METHOD OF PAYMENT

Total fee payable \$ \_\_\_\_\_ Without payment, this application cannot be processed.

Debit Card **(in person only)**

Cheque or  Money Order (payable to Conestoga College, we do not accept post-dated cheques)

VISA  MasterCard  American Express

Credit Card Information (Credit card will not be billed until registration accepted)

Credit Card Expiry Date Month \_\_\_\_\_ Year \_\_\_\_\_

Credit Card Number

Cardholder's Name  First Name  Surname

Cardholder's Signature \_\_\_\_\_

## Send to:

Conestoga College, Registrar's Office  
Email: [clientservices@conestogac.on.ca](mailto:clientservices@conestogac.on.ca)  
Fax 519-895-1097

**Freedom of Information** The personal information collected on this form is used for administrative purposes of the Registrar's Office under the authority of the Ontario Colleges of Applied Arts and Technology Act, R.S.O. 2002, and regulations thereunder. Personal information will be protected in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA).

I certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application. I have read the Freedom of Information and Protection of Individuals Privacy statement.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Office Use Only Date \_\_\_\_\_ Charge \_\_\_\_\_  
Receipt No. \_\_\_\_\_ Clerk Initial \_\_\_\_\_