



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 \$35 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.

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
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 _____