

APPLICATION FOR ADVANCED STANDING

Attach an official transcript and a copy of the course outline to this form and return to: Sheridan Institute of Technology and Advanced Learning, Office of the Registrar, Skills Training Centre, Room A1, 407 Iroquois Shore Road, Oakville, ON L6H 1M3.

Date _____

Student Number _____

Name _____

Campus _____

Program _____

Year of Program 1st 2nd 3rd 4th

Sheridan Course Code _____
 Sheridan Course Title _____
 Semester fall winter spring
 Course Type Postsecondary
 Continuing Education
 Equivalent Course Code _____
 Equivalent Course Title _____
 Year Taken _____ Grade _____
 Name of Institution _____

FOR OFFICE USE ONLY

Advanced Standing Approved
 Comments _____

 Advanced Standing Denied
 Comments _____

 Authorizing Signature _____
 Registrarial Clerk _____
 Recorded on PeopleSoft yes no

Sheridan Course Code _____
 Sheridan Course Title _____
 Semester fall winter spring
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 Recorded on PeopleSoft yes no

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 Comments _____

 Advanced Standing Denied
 Comments _____

 Authorizing Signature _____
 Registrarial Clerk _____
 Recorded on PeopleSoft yes no

Please note the following:

Students should continue to attend classes until official notification that the application for advanced standing has been approved.

If the granting of this Advanced Standing reduces your course/credit load to less than 60%, it will affect your eligibility for OSAP. Check with the Financial Aid Office if you are uncertain of your eligibility.

Please be aware that the number of courses dropped due to advanced standing may affect your full-time status.