

For more information or to request alternate formats of this form for accessibility, please contact <a href="mailto:central@durhamcollege.ca">central@durhamcollege.ca</a>

This form is for transferring programs within the same Faculty office at Durham college, not within the college as a whole. You must have completed one semester of a full-time program in that Faculty office in order to transfer. If you have not successfully completed the first semester of a program, or want to transfer programs that fall under a different Faculty office, you must re-apply through Ontario Colleges.

Student Personal Information	
First Name:	Last Name:
Student Banner Number:	Telephone Number:
DC Email:	
Change in Program of Study	
From	
Name of Program:	
Program Code:	Year:
Semester:	Effective Term Code:
То	
Name of Program:	
Program Code:	Year:
Semester:	Effective Term Code:

By submitting this form, I declare the above information to be true and accurate to the best of my knowledge as of the date of submission

Date Submitted:

**Consent Declaration** 

Office Use Only

Decision: Not Accepted Full Acceptance Conditional Acceptance

Date Application Received: Date Sent to School:

Date the Applicant Notified by School Office:

Date: Dean or Designate Signature:

Comments/Conditions of Acceptance:

Processed by First Name: Processed by Last Name:

**Processing Date:** 

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