

SCWI Transcript Request

Centre for Success & Dual Credit Alumni

Oshawa Campus

2000 Simcoe Street North, Oshawa, ON L1G 0C5
dualcredits@durhamcollege.ca
 Tel: 905-721-2000 ext. 3413

PERSONAL IDENTIFICATION		
First name	Last name	Name while in attendance (if different)
Durham College Student ID # (100.....)	Date of birth (mm-dd-yyyy)	Phone number
Email	Name of Dual Credit(s) Completed	Dates attended: From - To

1. Please note that if a student is requesting a transcript for the purpose of a credit transfer towards another school, it is up to the student to inquire with the current school about Credit Transfer and Exemption policies. There is often an application that needs to be completed for the current school in order for a credit transfer to be approved. If a transcript and/or a course outline is required, Durham College can provide them to the current school once a student has submitted this form.
2. In response to public health recommendations to limit exposure, we are operating at reduced capacity, but will continue to provide service.
3. As outlined by SCWI policy, ALL Durham College dual credit students will be provided with **ONE** free transcript for the purpose of transferring the credit(s) to another Ontario postsecondary institution.
4. Complete this form and submit the request by emailing it to michelle.whitney@durhamcollege.ca.
5. A request for an official transcript can be satisfied in the following ways: electronic version sent to another institution; or a hard copy to be mailed through Canada Post to the address listed below.
6. Requests may take up to 7-10 business days for processing.

TRANSCRIPT REQUEST	Delivery method (Canada)	Delivery time
<p>1</p> <p><u>Recipient name and/or Institution</u> (School):</p> <hr/> <p><u>Recipient email/ mailing address</u> (If sending to a school, please inquire where the transcript should be sent to):</p>	<input type="checkbox"/> Email <input type="checkbox"/> Mail	<input type="checkbox"/> As soon as possible <input type="checkbox"/> Hold until final grades are released

COURSE OUTLINE REQUESTS		
(Outlines will be emailed to the personal email address provided above, as it is the Alumni's responsibility to send to the institution.)		
1	Course Name	College Code
2	Course Name	College Code
3	Course Name	College Code

AUTHORIZATION	
Student signature	Date submitted

SCWI STAFF USE ONLY		
Received Date	Circulation Date	Staff Initial