



UNIVERSITY OF TORONTO
FACULTY OF KINESIOLOGY & PHYSICAL EDUCATION

Transfer Credit Application and Assessment Fee Payment

Transfer Credits are processed for students who have completed postsecondary studies. The processing time is approximately four weeks for domestic requests and up to eight weeks for international requests. Complete the enclosed forms and return them with the \$30.00 processing fee and course outlines for non-U of T courses immediately and no later than June 30, to the Faculty of Kinesiology & Physical Education.

Do not mail cash. We do not accept cheques

Methods of Payment

- VISA MASTERCARD American Express CASH/INTERAC (in person)

By mail (only if paying by VISA, MasterCard or American Express)

The Registrar's Office, Faculty of Kinesiology & Physical Education, University of Toronto, 55 Harbord Street, Toronto, Ontario, M5S 2W6

By Fax (only if paying by VISA, MasterCard or American Express) 416-971-2118

Make sure you fax both forms. Pages for course outlines included with the fax must be clearly numbered in sequence order.

In person – Please note that the KPE office is operating virtually at the moment. Please send forms by email only.

At the Registrar's Office, BN110, (enter via 320 Huron Street) Monday to Thursday 8:30 a.m. to 12 p.m. & 1:00 to 4:30 p.m., Fridays 8:30 a.m. to 12 p.m. or when closed, submit to the Main Office, (Membership Services), Room 1043 Warren Stevens Building (entrance via Classic Ave or Harbord Street) Mon.-Fri. 8 a.m. to 8 p.m., Sat. and Sun. 9 a.m. to 5 p.m.

Assessments are usually communicated by email; please provide an active email address on this form and send us an update if it changes. Also provide us with an updated cell number and mailing address, if they change after this form is submitted.

Student's Name: _____ Student Number: _____

Address: _____

Email: _____ Tel: _____ Cell/Mobile phone: _____

Signature: _____ Date: _____

If you wish to pay by credit card, you must authorize the Faculty of Kinesiology and Physical Education to debit your card. Please fill in the following information.

I authorize the Faculty of Kinesiology and Physical Education, University of Toronto to debit my VISA, MasterCard or American Express account in the amount of \$30.00 Canadian only

CARD NUMBER: _____ circle the type: VISA CARD/MASTERCARD/AM. EX.

EXPIRY DATE: as written on the card _____ CVV NUMBER: _____

Signature: _____ Date: _____



