

Authorized External Course

Registrar's Office Halifax NS B3M 2J6 (902) 457-6117 FAX (902) 457-6498 registrar@msvu.ca

Please complete the form in full, include a course description for the course, and return the form to the Registrar's Office for final approval prior to registering for coursework at the host institution.

Please Note: It is the student's responsibility to ensure that requested course is applicable to your program. Therefore, prior to requesting approval, we strongly advise that you seek academic advising from your department. It is your responsibility to ensure that an official transcript of your mark is forwarded directly to the Registrar's Office at the Mount upon completion of the course.

Student ID#	Last Name	First Name(s)		
Apartment/Street	Town/City	Province	Postal Code	
Date of Birth	(____)____ Phone Number	Mount Email Address		
Program of Study	Units Completed to Date	Expected Date of Graduation		

Will you be attending the Mount while taking class listed above? Yes No

Course Information

I have attached a course description for this course *(This form will NOT be processed without this description)*

Course Number	Course Title
Term/Year (ie. Fall 2008)	University

A grade of "P" (pass) will be assigned to all AEC credits transferred back, exceptions being approved formal exchange programs. The grade of "P" holds a neutral GPA value.

Fees are the responsibility of the student. This form does not guarantee admission to the host institution. You must comply with the host institution's application and registration procedures, including deadlines for registration and payment schedules. Please understand that courses taken elsewhere may delay your date of graduation depending on the academic schedule of the host institution.

Please Note: Upon approval of this AEC by the Registrar's Office, this course will be added to your academic transcript. If you do not take this course you must submit, to the Registrar's Office, written proof from the host institution that the course was not taken in order for the course to be removed from your record.

Date

Student Signature

OFFICE USE ONLY

Mount Equivalent: _____

Mount Credit Weight: _____ TCEQ _____

Graduate Studies Approval (if Required)

Emailed for Department Approval on _____ by _____

Department Decision Attached on _____ by _____

AEC Issued on _____ by _____

Placed in Pick Up Box Faxed to Host Institution

E-mailed to Student E-mailed to Host Institution

Mailed to Student Mailed to Host Institution

Registrar's Office Approval

EXTS Entry on _____ by _____

Date

Grade Entry on _____ by _____