

Letter of Permission

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

Please complete the form in full, include a detailed course outline 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		
rogram of Study		Units Completed to Date	Expected Date of Graduation	
Vill you be attending	the Mount while taking cla	ss listed above? 🗖 Yes 📮 No		
Course Information I have attached a	detailed course outline for	this course (Note: Form will NOT be p	rocessed without th	nis information)
Course Number		Course Title		
erm/Year (ie. Fall 2015)		University		
dmission to the host in or registration and payn	stitution. You must comply w	e. Fees are the responsibility of the studen rith the host institution's application and re rstand that courses taken elsewhere may	gistration procedures	s, including deadlin
ou do not take this cou		on by the Registrar's Office, this course wil Registrar's Office, written proof from the ho r record.		
Date		Student Signature		
OFFICE USE ONLY				
Mount Equivalent: _		Mount Credit Weight:		TCEQ
		Emailed for dept approval of Department decision attact		by by
Graduate Departme	nt Approval	☐ LOP Issued on		by
		☐ Placed in Pickup		Host Institution
Registrar's Office Ap	proval	□ E-mailed to Studen □ Mailed to Studen		to Host Institution Host Institution
		EXTS E	Entry on	by
Date		Grade Entry on by		