

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		
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 detailed course outline for this course (Note: Form will NOT be processed without this information)

Course Number	Course Title
Term/Year (ie. Fall 2015)	University

A grade of "P" (pass) will be assigned to all Letter of Permission 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 Letter of Permission 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)	<input type="checkbox"/> Emailed for dept approval on _____ by _____ <input type="checkbox"/> Department decision attached on _____ by _____ <input type="checkbox"/> LOP Issued on _____ by _____
_____ Registrar's Office Approval	<input type="checkbox"/> Placed in Pickup Box <input type="checkbox"/> Faxed to Host Institution <input type="checkbox"/> E-mailed to Student <input type="checkbox"/> E-mailed to Host Institution <input type="checkbox"/> Mailed to Student <input type="checkbox"/> Mailed to Host Institution
_____ Date	EXTS Entry on _____ by _____ Grade Entry on _____ by _____