FACULTY OF GRADUATE STUDIES
500 Glenridge Avenue
St. Catharines, ON L2S 3A1
Tel: 905-688-5550
Fax: 905-688-0748
Website: www.brocku.ca/graduate-studies

FACULTY OF GRADUATE STUDIES
LETTER OF PERMISSION

NOTE: THIS FORM IS FOR COURSES TO BE TAKEN AT A UNIVERSITY LOCATED OUTSIDE ONTARIO

[Instructions on page 2]

Fee: $35.00 ☐

STUDENT IDENTIFICATION

NAME:	**STUDENT NO.**
STREET: **CITY:** **PROVINCE:** **POSTAL CODE:**	**DATE OF BIRTH:** ____ ____ ____ YEAR MONTH DAY
TELEPHONE NO. (Home) :	**DEGREE SOUGHT AT BROCK UNIVERSITY:**
TELEPHONE NO. (Work) :	
E-MAIL ADDRESS :	

HOST UNIVERSITY

NAME OF HOST UNIVERSITY:	
ADDRESS OF HOST UNIVERSITY:	
DEPARTMENT:	**TELEPHONE NO.**
	FAX NO.

COURSE CODE (HOST UNIVERSITY)	COURSE NUMBER	COURSE TITLE (HOST UNIVERSITY)	SESSION (T) YEAR 20 - 20				Equivalent Course Code at Brock University	CREDIT
			May-Aug	Sept-Dec	Jan-Apr	Sept.-Apr.		
							TOTAL CREDITS	

I HAVE READ AND UNDERSTOOD THE INSTRUCTIONS CONCERNING THIS LETTER OF PERMISSION AND UNDERSTAND THAT I MUST PAY TUITION FEES TO THE HOST UNIVERSITY.

_____ _____

DATE SIGNATURE (STUDENT)

AUTHORIZATION (BROCK UNIVERSITY)

DEGREE (MA, MSc, PhD): _____ PROGRAM: _____

THE STUDENT MENTIONED HEREIN IS IN GOOD STANDING AND IS AUTHORIZED TO TAKE THE COURSE(S) INDICATED ABOVE FOR TRANSFER TO BROCK UNIVERSITY.

_____ _____

DATE SIGNATURE (GRADUATE PROGRAM DIRECTOR)

FACULTY OF GRADUATE STUDIES

_____ _____

DATE DIRECTOR, FACULTY OF GRADUATE STUDIES

FOR FINANCE DEPARTMENT USE ONLY: ACCOUNT #118-168-003

$35.00 FEE PAID ☐ **FINANCE OFFICE INITIALS:** _____ **DATE:** _____

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FACULTY OF GRADUATE STUDIES
REQUEST FOR LETTER OF PERMISSION INSTRUCTIONS

It is the student's responsibility:

1. **to fill in and sign** the Letter of Permission form and to present the form to the Graduate Program Director of your program for approval prior to the deadline date for registration. A photocopy of the course description(s) from the Calendar of the host institution must be attached to the Letter of Permission form.

2. **to pick up** the approved Letter of Permission form from the department/program, pay the required $35.00 to the Finance Office, Schmon Tower, 12th floor. **Keep** a copy of the approved Letter of Permission for your files. The Faculty of Graduate Studies will forward a copy of the approved Letter of Permission to the host institution. *(Please ensure that the Faculty of Graduate Studies is supplied with the correct university department/office address information).*

3. **to present** a copy of the Letter of Permission to the host university and to follow their registration procedures. Tuition fees must be paid to the host university.

4. **to ensure** that an official transcript of the results obtained is forwarded, within eight weeks of the course end date, to the Faculty of Graduate Studies, MC D250, Brock University, 500 Glenridge Avenue, St. Catharines, ON L2S 3A1, Attention Lorraine Sciamonte, re: L.O.P.

5. **to notify** the Faculty of Graduate Studies, **in writing** and **prior** to Brock University's and host university's published deadlines, if you decide not to enrol or if you withdraw from any of the courses listed on this Letter of Permission. A proof of withdrawal may be required.

Failure to observe conditions 4 or 5 above will result in the entry of 00F on your Brock University transcript.