

# Visiting Student Request For Letter of Permission



Students currently enrolled in a degree program at Concordia and who plan to take courses at another post-secondary institution must first apply to the Registrar's Office for a letter of permission as a visiting student. Students must also be in satisfactory academic standing. Students registered in the Open Studies program are not permitted to complete this form.

Normally, requests take **at least** two weeks to process. Please allow sufficient time for processing.

**PLEASE COMPLETE THIS SIDE OF THE FORM IN PEN. Incomplete forms will not be accepted.**

Surname		
First Name		
Address		
City	Prov	Postal Code

Student ID Number
<b>Program:</b> <input type="checkbox"/> 3-yr Arts <input type="checkbox"/> 4-yr Arts <input type="checkbox"/> 3-yr Science <input type="checkbox"/> 4-yr Science <input type="checkbox"/> Management Major/Concentration: _____ Minor/Emphasis: _____
<b>Year of Program:</b> <input type="checkbox"/> Year 1 (0 - 30 credits) <input type="checkbox"/> Year 2 (31 - 60 credits) <input type="checkbox"/> Year 3 (61 - 90 credits) <input type="checkbox"/> Year 4 (91 - 120 credits)
<b>I have submitted a Transcript Request Authorization Form:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I will request an official transcript and submit it to Concordia:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DOCUMENT DEADLINES FOR GRADUATION</b> <b>January:</b> November 1 <b>May:</b> February 1 <b>September:</b> July 1

**Is this a new address?**

Yes     No

**How would you like the response to your request to be sent?**

- Mailed to address above
- Emailed to Concordia Student email account
- Pick-up at Student & Enrolment Services

## INFORMATION ABOUT THE COURSE THAT YOU WISH TO TAKE

Name of Institution	Course Name and Number	Number of Credits	Start Date (dd/mm/yy)	End Date (dd/mm/yy)
What are your reasons for taking this course at another institution? (If you require more space, please attach an extra sheet.)				
Will this course(s) be part of the last 30 credits counted towards your degree?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you require a course overload to take this course?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this course being offered at Concordia University of Edmonton currently or in the upcoming academic year?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

**TO THE STUDENT-Please carefully read the following:**

A letter of permission does not guarantee that you will be accepted into the course nor does it confirm registration at the other institution.

Requests take **at least** two weeks to process. Please allow sufficient time for processing.

Visiting student permission does not exempt you from:

- Concordia's degree requirements and deadlines. (Section 2.0 – *Academic Schedule*, Section 9.7 – *Graduation* and Section 10.0 - *General Academic Requirements* for your program)

**I understand that my request is subject to the following conditions:**

1. I am responsible for informing the Registrar's Office if I did not register in the course.
2. I cannot substitute other courses, institutions, or dates for those requested above.
3. If I plan to graduate in the current academic year, I must submit official transcripts to the Registrar's Office according to the deadlines listed in the Academic Calendar (section 9.7.2).
4. I remain responsible for Concordia's degree requirements, deadlines, and policies as outlined in the Concordia Academic Calendar.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## REQUEST FOR VISITING STUDENT PERMISSION

### TO THE REGISTRATION ADVISOR:

1. In the most recent semester, was the student in **satisfactory standing** as defined in the *General Academic Requirements* for their program? Yes    No
2. Is a **request for leniency** required? Yes    No
3. Does the student require an **overload request** to take this course? Yes    No
4. Has the student already **received transfer credit** from Concordia? Yes    No  
If yes, how many credits? \_\_\_\_\_
5. Has the student submitted **other Visiting Student** requests? Yes    No  
If yes, for what course(s), when, and where? \_\_\_\_\_
6. Has the student submitted a **Transcript Request Authorization Form**? Yes    No
7. Has the student's **Program Progress Report** been reviewed? Yes    No
8. Which degree requirement will this course fulfill?  

Core Requirement	Major/Concentration	Minor	Elective
Other (please specify, LOE, etc.) _____			
9. Will the student be within the 42/48 junior-level credit limit after completing all other degree requirements? Yes    No

	Other Institution Course	Credits	Equals	Concordia Course	Credits
<b>Transfer Credit Assessment</b>					
Advisor's Signature			Date		

### REGISTRAR'S OFFICE COMMENTS:

\_\_\_\_\_  
Signature (Registration Advisor) \_\_\_\_\_  
Date

Approved:      Yes      No

\_\_\_\_\_  
Signature (Registration Advisor or Assistant Registrar) \_\_\_\_\_  
Date