

This form must be completed and returned to the Registrar's Office in Student & Enrolment Services.

Outbound exchange students must first apply to the Registrar's Office for a Letter of Permission.

INSTRUCTIONS

- 1. Complete one form for each semester.
- 2. Attach syllabi of the courses you wish to take in that semester at the host institution, if possible.
- 3. An official Letter of Permission will be sent to you.

PROCESSING TIME:

Allow a minimum of two weeks for the request to be considered.

Complete all sections of this form in pen. INCOMPLETE FORMS WILL NOT BE ACCEPTED.

Surname First Name				Student ID Number	
Program: 3-yr Arts Management 3-yr Science Or 1 4-yr Science		Major/Concentration: Minor/Emphasis: JRSES THAT YOU WISH TO TAKE, IF POSSIBLE.			
PLEASE PROVIDE INFORMATI	ON ABOUT THE COU	RSES THAT Y	U	U WISH TO TAKE, IF	POSSIBLE.
Name of Host Institution	Course Code and Number	Credits		Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)

Please submit syllabi with this form, if possible. You will receive a preliminary assessment and Letter of Permission, with the final assessment being completed only when the courses are complete and official transcripts are submitted to the Registrar's Office.

Syllabi should have the following information:

- Syllabi in a language other than English or French should be accompanied by a translation into . English or French Institution

 - Course code, title, and level
 - Course instructor and qualifications
- Course term and date Textbook and course materials
- Faculty and department for the course Number of hours of instruction (per
- week and total for the course)
- Academic calendar description
- Learning outcomes and objectives
- Pre/co-requisites
- Grading system incl. final exam weight
- Group and individual projects identified
- Schedule of lecture and topics (incl. laboratories if applicable)

How would you like to be notified of the decision? Would you like your Letter of Permission sent to another institution?						
 Pick-up at Student & Enrolment Services Emailed to my Concordia Student Email 	□ Yes □ No Please check only one: □ Mail □ Email To the following institution (contact information must be included):					
□ Mailed to my current address						

I UNDERSTAND THAT MY REQUEST IS SUBJECT TO THE FOLLOWING CONDITIONS:

1. I understand and agree to the conditions and procedures laid out in this request.

- 2. Upon my return, I am responsible for submitting an official transcript to the Registrar's Office.
- 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) or I may not be eligible for graduation.

4. I am responsible for Concordia's degree requirements, deadlines, and policies as outlined in the Academic Calendar.

Student's Signature: _____ Date: _____