

**EXST 2XX
PERMISSION FORM**



This form must be completed and signed **by all parties** and returned to the Registrar's Office in Student & Enrolment Services (HA120).

TO BE COMPLETED BY THE STUDENT		
Last Name:	First Name:	Student ID Number:
Host Institution name:		
Dates of Attendance:	Start date (dd/mm/yyyy)	End date (dd/mm/yyyy)
Semester(s) and year(s) for which you require consent: <input type="checkbox"/> Fall Year: _____ <input type="checkbox"/> Winter Year: _____		
Student Signature:	Date:	

TO BE COMPLETED BY THE INTERNATIONAL OFFICE		
Print Name:	Signature:	Date:

TO BE COMPLETED BY THE REGISTRAR'S OFFICE	
Advisor Initials:	Date Form Received:
Concordia Course Code and Number:	Registration Deposit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has it been paid? <input type="checkbox"/> Yes <input type="checkbox"/> No