EXST 2XX
PERMISSION FORM

This form must be completed and signed **by all parties** and returned to the Office of the Registrar in 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: **□ Fall Year: _____ □ Winter Year: _____**		
Student Signature:		**Date:**

TO BE COMPLETED BY THE INTERNATIONAL OFFICE

Print Name:	**Signature:**	**Date:**

TO BE COMPLETED BY THE OFFICE OF THE REGISTRAR

Advisor Initials:	**Date Form Received:**
Concordia Course Code and Number:	**Registration Deposit Required? □Yes □No** **If yes, has it been paid? □Yes □No**