



LETTER OF PERMISSION APPLICATION

Payment of \$73.50 is required for every application. Each application is limited to a maximum of 6 courses. A separate application is required for each institution and for each term of study. You may only register for the courses that have been approved. All courses taken on a Letter of Permission must be completed during the approved term - extensions are not allowed.

STUDENT INFORMATION:

Student Number: Last Name(s): Given Name(s):

Your contact information will be pulled from Aurora, ensure that it is up to date.

Are you going on an International Centre Exchange? Yes NO

Have you attended another university/college since you last attended the UofM? Yes NO
If yes, was this attendance based on a Letter of Permission? Yes NO*

*If your attendance at another institution was not on a Letter of Permission, you must reapply for admission to the University of Manitoba.

Please fill out the institution and course information on the reverse.

TERMS AND CONDITIONS:

- I have read the terms and conditions provided on the Letter of Permission website: umanitoba.ca/student/records/leave_return/lop.html
I have consulted the Transfer Credit Database (located on the Aurora homepage) to ensure my courses are available for Transfer Credit to the University of Manitoba.
All of my courses appear in the Transfer Credit Database and I am submitting my application at least 4 weeks before the start of my classes.
OR
At least one of my courses does not appear in the Transfer Credit Database. I have submitted all syllabi for courses which do not appear in the Transfer Credit Database at least 8 weeks before the start of my classes.
I will provide an official final transcript to the University of Manitoba upon completion of my courses. In the case that I do not register I will provide official documentation declaring that I did not register. I understand that failure to comply will result in a failing grade (F) for each course I was approved to take.
I understand that my application fee of \$73.50 is nonrefundable.

Student Signature: Date:

REGISTRAR'S OFFICE PAYMENT OPTIONS: 400 UNIVERSITY CENTRE
Visa, Mastercard and Debit.
Cheques/Money Orders made out to "The University of Manitoba".

CASHIER'S OFFICE PAYMENT OPTIONS: 138 UNIVERSITY CENTRE
Cash payments
Cheques/Money Orders made out to "The University of Manitoba".

This section is not required for in-person orders:

MAILED PAYMENT OPTIONS:

Cheques/Money Orders can be made out to "The University of Manitoba".

Visa or Mastercard Number: (Visa Debit is not accepted)

Expiry date: /

Card Holder's name (as it appears on the card):

Amount: \$73.50

Card Holder Signature: Date:

Notice Regarding Collection, Use, and Disclosure of Personal Information by the University

Your personal information is being collected under the authority of The University of Manitoba Act. The information you provide will be used by the University for the purpose of processing your Letter of Permission application. Your personal information will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

THE INSTITUTION I WISH TO ENROLL IN:

Institution Name: _____
Address: _____ City/Province: _____
Country: _____ Postal Code: _____ Daytime Phone: _____

COURSES I WISH TO ENROLL IN FROM THE OTHER INSTITUTION:

Course # (*at the institution*): _____ Full Course Name: _____

Start Date: _____ End Date: _____ Department: _____

Yes, course has been evaluated No, course has not been evaluated and I have provided a syllabus

Course # (*at the institution*): _____ Full Course Name: _____

Start Date: _____ End Date: _____ Department: _____

Yes, course has been evaluated No, course has not been evaluated and I have provided a syllabus

Course # (*at the institution*): _____ Full Course Name: _____

Start Date: _____ End Date: _____ Department: _____

Yes, course has been evaluated No, course has not been evaluated and I have provided a syllabus

Course # (*at the institution*): _____ Full Course Name: _____

Start Date: _____ End Date: _____ Department: _____

Yes, course has been evaluated No, course has not been evaluated and I have provided a syllabus

Course # (*at the institution*): _____ Full Course Name: _____

Start Date: _____ End Date: _____ Department: _____

Yes, course has been evaluated No, course has not been evaluated and I have provided a syllabus

Course # (*at the institution*): _____ Full Course Name: _____

Start Date: _____ End Date: _____ Department: _____

Yes, course has been evaluated No, course has not been evaluated and I have provided a syllabus

DO NOT WRITE BELOW THIS LINE