



LETTER OF PERMISSION APPLICATION

Payment of \$73.50 is required for every application and is non-refundable. Each application is limited to a maximum of 6 courses. A separate application is required for each institution and for each term of study.

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. Faculty:

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. Students with active status may not take courses at another institution without a Letter of Permission.

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 and that they have been evaluated in the last four years.

OR
All of my courses appear in the Transfer Credit Database and I am submitting my application at least 4 weeks\* before the start of registration at the other university.
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 registration at the other university.

\*THIS IS AN APPROXIMATE TIME FRAME, NOT A GUARANTEE.

I will provide an OFFICIAL SEALED 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 approval of a Letter of Permission does not constitute university endorsement of the safety of the proposed destination and further that travel while on Letter of Permission is not authorized, funded, organized or administered by the University and as such is not considered to be a University sponsored activity.

I acknowledge that I am solely responsible for assessing the safety of the destination and the institution to which I am applying.

Student Signature: Date:

Table with 2 columns: REGISTRAR'S OFFICE PAYMENT OPTIONS: 400 UMSU UNIVERSITY CENTRE and CASHIER'S OFFICE PAYMENT OPTIONS: 138 UMSU UNIVERSITY CENTRE. Includes details for Visa, Mastercard, Debit, and Cheques/Money Orders.

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: 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.

**THE INSTITUTION I WISH TO ENROLL IN:**

**Courses taken at Athabasca University will be assigned to the U of M term that corresponds with the Athabasca course end date.**

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

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.**

**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**