

Request for Letter of Permission



Important: Review all the information on the Letter of Permission webpage (https://www.registrar.uwo.ca/academics/letter_of_permission.html) before completing this form.

The personal information on this form is collected under the authority of the *University of Western Ontario Act, 1982*, as amended. To view the complete Personal Information Collection Notice, visit the online Academic Calendar at: www.westerncalendar.uwo.ca

Student Name		Student Number	
Street Address		Apartment/Unit #	
City/Province/Country			
Postal Code		Western Email	
<i>The Address provided above will be effective immediately, replacing all other addresses.</i>			

All letters are emailed to student's Western email address and to host university who requires letter.

Email of host institution: _____

Are you taking any Western courses in the same session? Yes No

Have you registered at the host university before? Yes No

Will successful completion of the requested course(s) make you eligible to graduate at the next convocation? Yes No

If yes, a transcript must be received by **May 15th** for Spring Convocation, by **October 1st** for Autumn Convocation, or by **February 1st** for In Absentia Convocation.

If a transcript is not received by November 1st, a grade of 'F' will be recorded.

Current Program/Module	Faculty/Affiliate:	Degree Program/Module:	Academic Level/Year:		
Permission Requested to Attend	Name of Host University:	Summer 20__ (May-Aug) <input type="checkbox"/>	Fall 20__ (Sept-Dec) <input type="checkbox"/>	Winter 20__ (Jan-Apr) <input type="checkbox"/>	

Register in a maximum Western Course weight of _____ from the following approved courses:

Host University Course Subject and Number e.g. PSYC 290		Assumed Weight		Principal (P) or Elective(E)	Western Course Subject and Number e.g. Psych 2020A/B or Psych 2000 Level (0.5)	Department Approval (Initials)
		Full	Half			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

Comments: _____

I have reviewed the Letter of Permission webpage, and I agree to the outlined information.

Student Signature		Date	
Dean's Office Signature		Date	