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| LETTER OF PERMISSION |
| **TO:** | Host Institution Name: Contact Person: Contact Person Email Address:  |
| **RE:** |  Student Name:  UCID Number:  Student Email Address:  Home Graduate Program Name:  |
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| Approval is granted for the above-named student to take the **following course(s**), or conduct research at the Host institution for credit towards a degree at the University of Calgary.  |
| Course Name | Course Number | **WGT.** | UCalgary Advanced Credit | **Units** |
|  |  |  |  |  |
|  |  |  |  |  |
| Units = Course weight: 6 Units = 72 hours of instruction 3 Units = 36 hours of instruction  During Term/Year:  |
| **Research** (brieflydescribe your research):  |
| Signature of Supervisor: | Date: |
| Signature of Graduate Program Director/Department Head (or Designate): | Date: |

**Course-based students:** It is the student’s responsibility to request that the host institution forward an official transcript directly to their graduate program, when final grades are available. Students who are conducting research at the host institution are not required to obtain a transcript.

**Faculty of Graduate Studies Ruling:**

Above course(s) meet the criteria as outlined in the Faculty of Graduate Studies Transfer Credit Regulations

[ ] Approved [ ] Not Approved

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| **Additional Comments:** |
| This information is collected under the authority of the Freedom of Information and Protection of Privacy Act and the Federal Statistics Act. Questions may be directed to the FOIP Advisor, Faculty of Graduate Studies (403) 220-4932. |
| Signature of Faculty of Graduate Studies: | Date: |

##### [ ] Host Institution [ ] Home Graduate Program [ ]  Student