

REQUEST FOR LETTER OF PERMISSION



Office of the Registrar

Abbotsford 33844 King Rd
Abbotsford, BC
V2S 7M8

Chilliwack at CEP 45190 Caen Ave
Chilliwack, BC
V2R 0N3

Hope 1250 7th Ave
Hope, BC
V0X 1L4

Mission 33700 Prentis Ave
Mission, BC
V2V 7B1

604.854.4501

Toll Free: 1.888.823.8734

Fax: 604.853.0138

For UFV students planning to do course work at another institution, transfer the course(s) back to UFV and apply the course(s) to a program.

Complete this form in **dark blue or black ink** and return it to any Office of the Registrar or fax to 604-853-0138.

A credential evaluation officer will determine the UFV equivalency of the course(s), then forward your request to your program head for approval. Once approved, an official letter of permission will be emailed to you. If your request is denied, you will be contacted and informed of this decision.

Letters of permission will not be issued to new students, students on academic warning and students with a cumulative GPA of less than 2.0. Regulations governing transfer credit are outlined in the

UFV Calendar. (Courses are approved only if applicable toward your current program at UFV.)

It is your responsibility to forward a copy of the Letter of Permission to the institution you plan to attend, and to arrange for an official transcript to be sent to UFV, Office of the Registrar when you have completed your course(s). **Credit will not be awarded without an official transcript.**

PERSONAL	UFV student number		Current UFV program		Declared Majors/Minors/ Concentrations			
	Student's full legal name							
	Mailing address (street number, street)							
	City or Town		Province		Country (if not Canada)		Postal code	
	Home phone		Other phone		Email			

INSTITUTION & COURSE	Name of institution (for which permission to attend as a visiting student is requested):						
	Dates of attendance: Y Y Y Y M M M to Y Y Y Y M M M <i>(letter of permission will be valid for these dates only.)</i>						
	Reason for attending another institution:						
	Course subject & number at other institution (e.g. PSYC 101)		Course title at other institution (e.g. Introductory Psychology 1)		DO NOT WRITE IN THIS SPACE		
					UFV course code	Credits	Comments

Student's signature	Date Y Y Y Y M M M D D
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OFFICE USE ONLY	
Program approval/signature	Date Y Y Y Y M M M D D

Comments

