

REQUEST FOR LETTER OF PERMISSION



Office of the Registrar

Phone: 604.854.4501

Fax: 604.853.0138

Email: articulation@ufv.ca

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

Before Applying for a letter of permission, a student must:

- **Have a minimum Cumulative GPA of 2.0 of higher**
- **Be considered an active student at UFV**
- **Not on Academic Warning**

A credential evaluation officer will determine the UFV equivalency of the course(s), then forward your request to your program advisor 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. 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, when you have completed your course(s).

UFV student number 	Student's full legal name
Current UFV program	

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 *(letter of permission will be valid for these dates only.)*

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

Student's Signature _____ **Date** Y Y Y Y | M M M | D D

FREEDOM OF INFORMATION/PROTECTION OF PRIVACY. The information on this form is collected under the authority of British Columbia's Freedom of Information and Protection of Privacy Act [(RSBC 1996) chapter 126] and the University Act. This information is used only for the administration of academic programs and providing educational and related support services. If you have any questions about the collection and use of this information, contact the Enrolment Services Coordinator at 604-854-4501 or reginfo@ufv.ca

OFFICE USE ONLY

Program approval/signature	Date Y Y Y Y M M M D D
Comments	