

Letter of Permission Application Form - Humber Degree Students

The completed form, along with a detailed course outline, must be submitted to **transferoptions@humber.ca**. A \$25.00 fee for each application will be added to your account. This process must be completed before registering at the other post-secondary institution and **at least 30 days prior** to the start of term. Separate application forms must be submitted for each course, from each host institution.

Your application will be submitted to the Program Coordinator for consideration and approval. The Transfer Services Team will inform the student of the decision. Once the course has been completed, the student must arrange to have an official transcript sent directly from the host institution to Humber's Office of the Registrar within 20 business days of the end of the course.

The approved course(s) must be taken in the approved term indicated on the application form. Students who fail to register for the course in the approved term will need to resubmit their application before registering in a course in a future term.

Students must obtain at least a 60% or equivalent in the course in order for the Letter of Permission to be accepted. Some programs require a higher percentage. Credits earned on a Letter of Permission will be noted on the student's transcript with a grade of LOP. Courses completed through an LOP will not be included in the calculation of the students Cumulative Grade Point Average. Students completing their last course on a Letter of Permission must have their official transcript from the host institution to the Office of the Registrar forty-five (45) days prior to their applicable Spring or Fall Convocation.

For a detailed description of the definition and the process of a Letter of Permission, it is strongly suggested that students review Section 7.4 of the *Admission Requirements and Academic Regulations*.

To be completed by the student:								
Student Name				Student Number (N Number)				
Telephone numberEmail								
Date of Birth (YYYY/MM/DD)								
Program Name								
I request permission to register at (name of institution) Please list the courses below which are described in the attached course descriptions. Do not fill in shaded area.								
Host Institution Course Code	Host Institution Course Title	Hours per week	Start Date	End Date	Equivalent Humber Course Code (e.g., LASB 001 for electives)	Category and Level (e.g., Science and Technology, Upper)	Departmental Approval	
								Yes No
								Yes No
Student SignatureDate								
For Academic Faculty use only:								
Please indicate equivalent Humber course number and departmental approval in shaded area above.								
Authorized by:								
Signature:Date:								
Please return this form to the Office of the Registrar.								