



Letter of Permission Application Form

A Letter of Permission must be requested prior to the student enrolling at another institution. Please complete this application form and submit it along with all the supporting documentation to the Credit Transfer Office a minimum of four weeks prior to the start of the course by **email: CreditTransfer@conestogac.on.ca** or by **mail:**

Credit Transfer Office
299 Doon Valley Drive
Kitchener ON N2G 4M4

- Note:
- Payment of fees is required at the time of registration (Personal cheques are not accepted.)
 - A non-refundable fee of \$25.00 is charged for each application form.
 - It is a student's responsibility to ensure that they have met the registration requirements at the host institution

Student Number: _____ Student Name: _____
 Address: _____ Phone Number: _____
 Email Address: _____ Program Name: _____ Year: _____
 Student Signature: _____ Date: _____

Host Institution Information

1st Course

Institution _____
 Address: _____

I request permission to attend:

Course Code and Title at Host Institution: _____
 Start Date: _____ End Date: _____
 Online/Distance Education Yes No
 Conestoga Course Code: _____

Department Use Only Decision: Approved Denied
 Approved All Students _____
 If denied reason must be stated: _____
 Effective End Date: _____
 Faculty/Coordinator Signature: _____

2nd Course

Course Code and Title at Host Institution: _____
 Start Date: _____ End Date: _____
 Online/Distance Education Yes No
 Conestoga Course Code: _____

Department Use Only Decision: Approved Denied
 Approved All Students _____
 If denied reason must be stated: _____
 Effective End Date: _____
 Faculty/Coordinator Signature: _____

3rd Course

Course Code and Title at Host Institution: _____
 Start Date: _____ End Date: _____
 Online/Distance Education Yes No
 Conestoga Course Code: _____

Department Use Only Decision: Approved Denied
 Approved All Students _____
 If denied reason must be stated: _____
 Effective End Date: _____
 Faculty/Coordinator Signature: _____

Program Chair's Signature: _____ Date: _____