



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 \$30.00 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: _____