

PERSONAL IDENTIFICATION		
Student ID number:	Date:	Email:
Last name:	First name:	Middle name:
Program:		

**Note:** A fee of \$50 is required for letter of permission requests. If submitting multiple requests, a flat fee of \$100 will apply.

Please issue a Letter of Permission for the above student who will be taking:

Course details			
Request 1: Post-secondary institution name:			
Georgian course code and title	Visiting institution course code and title:	Minimum grade required	Course level
Academic area use only	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date (mm/dd/yyyy)	
Approval expiry date	Approved by:	Signature	

Course details			
Request 2: Post-secondary institution name:			
Georgian course code and title	Visiting institution course code and title:	Minimum grade required	Course level
Academic area use only	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date (mm/dd/yyyy)	
Approval expiry date	Approved by:	Signature	

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT		
<p>Georgian College is compliant with the Freedom of Information and Protection of Privacy Act (FIPPA), 1990, and endeavors to treat your personal information in accordance with this law. The personal information requested on this form is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002 and in accordance with Sections 38(2) and 41(1) of FIPPA. The information provided will not be used for any purposes other than the administration and evaluation of individual and block transfer credit.</p> <p>For further information about the information requested on this form or the purpose for which it will be used, please contact the Office of the Registrar at <a href="mailto:CTCRegistrar@georgiancollege.ca">CTCRegistrar@georgiancollege.ca</a> or 705.722.1511; for more information about FIPPA, please contact the Access and Privacy office at <a href="mailto:AccessPrivacy@GeorgianCollege.ca">AccessPrivacy@GeorgianCollege.ca</a> or 705.728.1968 ext., 5770.</p>		
_____ Signature of Applicant	_____ Student number	_____ Date

For Office of the Registrar use only		
Total amount assessed: \$ _____	Payment made: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: (mm/dd/yyyy) _____
Date reviewed: (mm/dd/yyyy) _____	Pathways officer/designate signature _____	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Academic Level: <input type="checkbox"/> PS <input type="checkbox"/> UG <input type="checkbox"/> PG <input type="checkbox"/> NC	Entry term: (fall, winter, summer) _____	
Date processed/entered: (mm/dd/yyyy) _____		