

Letter of Permission Request Form - Domestic

First Name Last					Student ID		
Lakehead University Email Address		Phone Number				Current Program of Study	
External Institution You Are Requesting to Attend	Term You Intend to Take Course	External Course Code and	Title	External Institution Credit Value	Lakehead Credit Value	Lakehead Course Equivalency Requested	Departmental Support (must be signed by Chair/Director of the course SUBJECT you are requesting)
Example Line: Wilfrid Laurier 2020 Winter		GG366 - Marketing Geogra	GG366 - Marketing Geography		0.5 FCE	2nd year Geography elective	Chair of Geography
Attach course description(s) for each external course. The non-refundable letter of permit Have you previously taken the equivalent course(s) at Lakehead University? Have you previously received credit for any external course(s)? Is this one of the last 5 courses needed to graduate? Do you have departmental support? (signature above or attached LU email) Rationale as to why you cannot take the course(s) through Lakehead University:				must be paid pri Yes Yes Yes Yes Yes Yes	or to assessment No No No No No	nt.	
Student Signature			Print Name				Date
Chair/Director Signature (required for BUSI, ENGI and NURS programs)			Print Name				Date
Faculty Dean Signature (required if course is one of last five credits of program)			Print Name				Date

Personal information on this form is collected under the general authority of the Act Respecting Lakehead University and will be used to update records with transfer credits. Any questions on this collection should be directed to: Registrarial Services, Lakehead University, 955 Oliver Road, Thunder Bay, ON, P7B 5E1.