

LETTER OF PERMISSION REQUEST FORM

STUDENT NAME	STUDENT ID	EMAIL
ADDRESS	CITY/PROV	POSTAL CODE

Engineering Major: _____

Is this to accommodate a time conflict? YES NO

Medical Documentation attached: YES NO

****If you are requesting this LOP due to medical reasons, a letter from your doctor must be submitted****

INSTITUTION INFORMATION:

Name of Institution: _____

Semester course is taken: Fall 20 _____ Winter 20 _____ Spring/Summer 20 _____

COURSE	COURSE NUMBER	COURSE TITLE	UR COURSE	UR COURSE NUMBER	UR COURSE TITLE

****Please ensure that the requested course meets requirements for degree program AND has a UR equivalent. If there is no equivalent posted, please submit a syllabus for evaluation.****

**** Students in their last semester who have applied to graduate - Transcripts MUST be received by: Winter – May 2nd Spring/Summer – September 5th Fall – January 8th**

Send transcripts directly to the Registrar’s Office. If sending electronically transcripts must be sent directly from the host institution to academic.record@uregina.ca.

INSTRUCTIONS AND INFORMATION:

To be eligible for an LOP students must:

- Be in good academic standing (GPA 60% or above)
- NOT have a Financial HOLD
- NOT be RTD’d, on probation or under an academic/non-academic misconduct review.
- Personal Statement attached. Please be as specific as possible.
- Academic Plan attached.
- Submit **ONE month prior** to start of class.

STUDENT RESPONSIBILITY

You must provide a **course syllabus** for evaluation purposes when requested by the Faculty. Students must also provide an **Academic Plan and Personal Statement**. Incomplete requests will not be considered. Requests must be submitted at least **ONE MONTH** prior to starting class. Students must **complete the class within 8 months** of receiving this LOP (whether passed or failed). If you choose to drop the class the Faculty must be contacted immediately. I understand that if my LOP is approved, there will be a \$30.00 fee charged to my account which I will be responsible for paying.

I have read and understand the instructions and will adhere to my responsibilities if granted an LOP to study elsewhere.

Student Signature _____ Date _____

Approved – ADA Signature _____ Date _____

OFFICE USE – PLEASE DO NOT WRITE IN THE BOX					
Inst code _____	LOP code _____	LOP CRN _____	GPA _____	Cr. Hrs _____	HOLD _____
Adv. Rpt _____	RE _____	Letter issued _____	Fwd to RO _____		



Academic Plan

STUDENT NAME	STUDENT ID	EMAIL	Program

DISCLAIMER			
<p>By submitting this academic plan, I acknowledge that any time conflict and/or missing pre-requisite is my responsibility. This form does not guarantee that time conflict requests and/or pre-requisite waiver requests will be approved.</p>			
Student Signature		Date	

(EX: Fall2024)

Term: _____

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Academic Advisor Comments:



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