



Independent Off-Campus Study APPLICATION FOR LETTER OF PERMISSION

REGISTRAR'S OFFICE 1407 14th Avenue N.W. Calgary, Alberta T2N 4R3 T: (403) 284-7634 F: (403) 284-7644 E: registrar@acad.ca

_____ I.D.#: _____
 (NAME)

_____ MAJOR: _____
 (ADDRESS) street/box office

_____ TELEPHONE: _____
 city / province / postal code

POST SECONDARY INSTITUTION ATTENDED/TO BE ATTENDED: _____

SEMESTER/SESSION ATTENDED/TO BE ATTENDED: _____

COURSES COMPLETED/TO BE COMPLETED	PLEASE LEAVE BLANK – OFFICE USE ONLY			
COURSE CODE, NUMBER AND TITLE	CREDIT WEIGHT	GRADE OBTAINED	RECOMMENDED ACAD EQUIVALENT	PROGRAM APPROVAL
1.				
2.				
3.				
4.				
5.				
6.				
What course(s) are you seeking transfer credit for?	Comments to student:			

NOTE TO STUDENT:

ACAD will consider for transfer credit applicable courses completed at a recognized post-secondary institution with a grade of "C" or better. Only those liberal studies courses completed at the university or university transfer level, as determined by the Registrar Office, will be considered. Science courses beyond the introductory level and other related courses will only be considered if completed within ten years of the current academic year. It is the student's responsibility to provide the Registrar's Office with an official transcript indicating the final grades for the above noted course(s) along with a detailed course description for each course from the Calendar of the institution attended. Hand written copies are not acceptable. Evaluation fees* will be assessed according to college policy, at a rate of \$30 per institution.

STUDENT SIGNATURE: _____ DATE: _____

*ASSESSMENT FEE (One form is required per institution) \$30: _____ Payment at Cashiers Office: _____

AUTHORIZATION

REGISTRAR'S OFFICE: _____ DATE: _____

COMMENTS: _____ DATE: _____

OFFICE USE ONLY

Date LOP issued: _____	Date transcript received: _____
TRCR fee assessed: _____	Date fee requested/letter: _____
Payment received: _____	Date credits entered: _____