



Letter of Permission Request Form - Domestic

First Name _____ Last Name _____ 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 Geography	3 credits	0.5 FCE	2nd year Geography elective	Chair of Geography

Attach course description(s) for each external course. The non-refundable letter of permission fee must be paid prior to assessment.

Have you previously taken the equivalent course(s) at Lakehead University? Yes No
 Have you previously received credit for any external course(s)? Yes No
 Is this one of the last 5 courses needed to graduate? Yes No
 Do you have departmental support? (signature above or attached LU email) Yes No

Rationale as to why you cannot take the course(s) through Lakehead University: _____

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 _____