

Letter of Permission Application

Only students in the following Faculties should use this form: Environmental Studies; Health; Liberal Arts and Professional Studies; Science; School of the Arts, Media, Performance and Design; Lassonde School of Engineering. Students in other York Faculties should consult their home Student Services Office. Before completing this form, first thoroughly read the information at registrar.yorku.ca/enrol/lop. Upload the completed form to the online application or put it in the drop box located in the lobby of the Bennett Centre for Student Services (the building is open 24 hours a day).

Student Information (please print)						
Student Number	Last Name/Family Name		Given Narr	Given Name(s)		
Telephone	E-mail	Home Faculty Major/Degree Program(s)		gree Program(s)		
Keep your contact information up-to-date! Visit My Student Records on the My Online Services page at registrar.yorku.ca/myonlineservices/						
Host Institution Information						
Name of Institution to be attended		To whom should the letter of permission be addressed?				
Street Name and Number		City				
Province/State		Postal Code/Zip Code		Country		
Indicate the term/session in which you wish to take this course (check one and enter year):						
\Box Fall 20 \Box Winter 20 \Box Summer 20						

Please take this form to the relevant Faculty/Department at York University for approval.

		Faculty/Department Use Only			
Host course identifier (e.g. PSYC 1000)	Course title (as listed in host institution calendar)	At what study level (e.g. 3000) will this course count at York?	Specify any York courses for which this course will act as a direct Substitute . If none, write "N/A".	Faculty/Dept. Approval Please print your name	Faculty/Dept. Approval Please put your signature

Notes: • Credits and year level will be confirmed upon receipt of a final official transcript from the host institution.

• A **\$50** Letter of Permission (non-refundable) application fee must accompany this form. Personal cheques will not be accepted.

Payment Information				
Credit Card Number (MasterCard or VISA only)	Expiry Date (mm/yy)	Cardholder's Signature		
Student's Signature		Date (dd/mm/yy)		
Protection of Privacy: Personal information in connection with this form is collected under the authority of Freedom of Information and Protection of Privacy Act and The York University Act,				

Protection of Privacy: Personal information in connection with this form is collected under the authority of *Freedom of Information and Protection of Privacy Act* and *The York University Act,* 1965 for educational, administrative and statistical purposes. The information will be used to process your enrolment and registration in academic programs; to record and track your academic progress; and for related record-keeping purposes. If you have any questions about the collection, use or disclosure of this information by York University, please contact the Manager, Registrarial Services, W120 Bennett Centre for Student Services, York University, 4700 Keele Street, Toronto ON, M3J 1P3, 416-872-9675.

Administrative Use Only	/				
Manager of LE Advising:	\Box no \Box yes (signature)	Date:	Fee processed by:	Initial:	Date: