

Letter of Permission

REQUEST TO TAKE COURSES ELSEWHERE

PLEASE NOTE: THERE IS A **\$10 FEE** PER INSTITUTION. PAYMENT IS DUE AT THE TIME OF THE REQUEST (Exact cash or cheque payable to the University of Victoria). Please make payment at the CSC Department Office in ECS 504 before submitting this form to the CSC Advising Centre in ECS 512**.

NAME: _____ STUDENT NUMBER: _____

PROGRAM: B.Sc. Major B.Sc. Honours

NAME OF EXTERNAL INSTITUTION: _____

TERM (e.g. Fall, 2020) IN WHICH COURSE(S) WILL BE TAKEN: _____

REQUESTED COURSE(S):

Course Code & Number	UVic Equivalent

Will these courses be taken online?

YES NO

Will your degree be complete when these courses are finished?

YES NO

REASON FOR REQUEST: _____

I FULLY UNDERSTAND THE REGULATION REGARDING CREDIT FOR STUDIES ELSEWHERE AND RESIDENCY REQUIREMENTS AT THE UNIVERSITY OF VICTORIA

Student Signature

Date

E-mail

Email Letter of Permission
Pick up Letter of Permission at
ECS 504 (Reception)

**Complete and return to:
cscadvisor@uvic.ca

\$ 10.00 Fee Paid