



LETTER OF PERMISSION

Student Name & Address:

Student Number: _____

Citizenship: _____

Date of Birth: _____
 (yyyy/mm/dd)

McMaster EMAIL: _____

UPON SUCCESSFUL COMPLETION OF THESE COURSES, I WILL BE ELIGIBLE TO GRADUATE. Yes No

Official letter of permission should be: Mailed to University Mailed to student Picked-up by student

This is to certify that the above student is in good standing at McMaster University in:

| | | |
|--------|-----------|---------------|
| LEVEL: | PROGRAM : | PROGRAM CODE: |
|--------|-----------|---------------|

Permission has been granted by McMaster University for the student to register for the following course(s) during

the _____ at: _____
 (session/year) (university)

***PLEASE ITEMIZE COURSE(S) YOU WOULD LIKE TO TAKE BELOW (ATTACH A PHOTOCOPY CALENDAR DESCRIPTION OF EACH COURSE)**

| Other Institution Course(s) | Term |
|-----------------------------|------|
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INFORMATION FOR STUDENTS:

- (1) It is your responsibility to ensure that official transcripts are sent to the Faculty/Program Office at McMaster University.
- (2) Failure to have an official transcript sent to clear Letter of Permission work will result in a No Credit (N.C) being assigned.
- (3) For Bachelor of Health Science students expecting to graduate at Spring convocation, transcripts must be received by April 30. For students expecting to graduate at the Fall convocation, transcripts must be received by October 15.
- (4) Transfer credit will be granted **only** for course(s) completed with a minimum grade equivalent to C- (60%) at McMaster University. Grades for these courses will not appear on McMaster transcripts and are not included in McMaster averages.
- (5) Permission is granted only for the course(s) listed above.
- (6) Should you choose not to use the Letter of Permission or cancel a course(s), you must supply the Faculty/Program Office with a transcript indicating the cancellation of the course(s) or a certified letter from the institution, confirming that you were not registered.

Student's Signature _____ Date: _____ Dean's Approval _____
 (signature) (signature)

FIPPA Notice: The information gathered on this form is collected under the authority of the *McMaster University Act, 1976*. The information is used for the academic, administrative, financial and statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected under section 39(2) and section 42 of the *Freedom of Information and Protection of Privacy Act* of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the, University Registrar, University Hall, room 209, McMaster University.