

Letter of Permission Exchange/Visiting Students

WWW.UWINNIPEG.CA/INDEX/INTL-APPLY

The University of Winnipeg International Admissions

515 Portage Avenue Winnipeg, MB R3B 2E9 T: 204.786.9159 E: international.admissions@uwinnipeg.ca

The deadline for submission of this Letter of Permission form is listed at the following link: www.uwinnipeg.ca/index/intl-exchange-students

Please note: If Letter of Permission is not received by the International Admissions office by the advertised deadline, student will be unable to attend the University of Winnipeg.

This Letter of Permission should be completed by all accepted exchange students as well as accepted international visiting students who are required to have their home university approve courses.

STUDENT INFORMATION						
Name (as it appears on your passport):						
GIVEN/FIRST	MIDDLE		FAMILY/LAST			
Date of Birth: DAY MONTH YEAR UW Stude	nt Number:					
Permanent Address						
Address:						
City:						
Province/State:						
Postal Code/Zip:						
Country:						
PROGRAM						
☐ EXCHANGE: University or Program:						
☐ VISITING: University or Program:						
Term(s) registering for and the number of courses	requested per term:					
☐ Fall (Sept. – Dec) Year: ☐ 3 courses	☐ 4 courses	☐ 5 courses				
□ Winter (Jan -Apr) Year: □ 3 courses	☐ 4 courses	☐ 5 courses				
☐ Spring (May-Aug) Year: ☐ 3 courses	☐ 4 courses	☐ 5 courses				

INSTRUCTIONS

Fall term ("F") courses run from Sept-Dec (3 credit hours). Winter Term ("W") courses run from Jan-Apr (3 credit hours). Spring term ("S") courses run from May-Aug. Fall/Winter (FW) courses run over both terms, from Sept-Apr and are worth 6 credit hours.

List the courses you plan to take while at The University of Winnipeg. Please ensure you have the prerequisites for the courses you select and that they are offered in the correct semester for the time that you will be here. List the courses in a preferred order (3 -5 courses per semester). Please select extra courses as alternatives.

Course information can be found on **Web Advisor** or **www.uwinnipeg.ca/index/services-registration**. Please attach a separate sheet if more space is required

	Term	Section Name & Title	Course Dates	Times	Section
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
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HOME INSTITUTE: (To be completed by the Dean of your Faculty Registrar or Equivalent officer)

TOWE INSTITUTE. (To be completed by the Dean of your Faculty, Registrar or Equivalent officer)					
I confirm that the above applicant is currently a student to take the courses listed above at The University of Wi	in good standing at this institution and has been permitted nnipeg as part of their degree program.				
Name (please print):					
Name of Institution:	Address:				
Email:	Phone:				
Position:	Faculty:				
This student is currently enrolled in the following progra	am at their home institution:				
Signature:					
Date: University Stamp:_					
INTERNAL USE ONLY					
DATE RECEIVED:					
SUBMITTED BY DEADLINE:					