



Please submit one month prior to start of class

INSTRUCTIONS AND INFORMATION:

To be eligible for an LOP students must:

- Be in good academic standing (GPA 60% or above)
NOT have a Financial HOLD
NOT be RTD'd, on probation or under an academic/non-academic misconduct review
Be in their last year of studies and have a time conflict that prevents them from taking the class at the UR.
Co-op students must have permission from the Co-op Coordinator and their employer if class conflicts with work hours.
Only two (2) LOP's will be granted while pursuing your engineering degree at the UR.

STUDENT INFORMATION:

First Name: Last Name: Student Number:
Address: City/Prov: Postal Code:
Email: Phone number:
Engineering Major: Minor (if applicable):
Medical Documentation attached: YES NO N/A

If you are requesting this LOP due to medical reasons, a letter from your doctor must be submitted with your request.

INSTITUTION INFORMATION:

Name of Institution:
Semester course is taken: Fall 20 Winter 20 Sp/Sm 20

Table with 6 columns: COURSE, COURSE NUMBER, COURSE TITLE, UR COURSE, UR COURSE NUMBER, UR COURSE TITLE

Please ensure that the requested course meets requirements for degree program AND has a UR equivalent. If there is no equivalent posted, please submit a syllabus for evaluation.

- Reason for LOP request is attached. (Please be as specific as possible.)
Academic plan is attached.

** Students in their last semester who have applied to graduate - Transcripts MUST be received by:
Winter - May 2nd
Spring/Summer - September 5th
Fall - January 8th
Send transcripts directly to the Registrar's Office.

STUDENT RESPONSIBILITY

You must provide a course syllabus for evaluation purposes when requested by the Faculty. Students must also provide an academic plan and reason for LOP request. Incomplete requests will not be considered. Requests must be submitted at least ONE MONTH prior to starting class. Students must complete the class within 8 months of receiving this LOP (whether passed or failed). If you choose to drop the class the Faculty must be contacted immediately.

I have read and understand the instructions and will adhere to my responsibilities if granted an LOP to study elsewhere.

Signature (email accepted in lieu of signature)

Date

OFFICE USE - PLEASE DO NOT WRITE IN THE BOX

Inst code: LOP code: LOP CRN: GPA: Cr. Hrs: HOLD?:
Adv. Rpt: RE? Letter issued? Fwd to RO? ADA Approval:



University
of Regina

Faculty of
Engineering and
Applied Science

LETTER OF PERMISSION REQUEST FORM