

**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.
- ✓ If the student does not meet the above requirement the request will be considered on a case-by-case review by the Associate Dean, Academic
- ✓ 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.
- ✓ I understand that if my LOP is approved, there will be a \$30.00 fee charged to my account which I will be responsible for paying (as of Fall 2021).

**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\_\_\_\_.

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 2<sup>nd</sup>                      Spring/Summer – September 5<sup>th</sup>                      Fall – January 8<sup>th</sup>**

Send transcripts directly to the Registrar's Office either electronically or mail. If sending electronically transcripts must be sent directly from the host institution to [academic.record@uregina.ca](mailto:academic.record@uregina.ca).

**STUDENT RESPONSIBILITY**

I must provide a **course syllabus** for evaluation purposes when requested by the Faculty. I 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. I understand that I must **complete the class within 8 months** of receiving this LOP approval and also understand that it is my responsibility to send official transcripts to the University of Regina-Registrar's Office. 60% or higher will be required to transfer the credit to the UR. If I choose to drop the class the Faculty must be contacted immediately. I understand that if my LOP is approved, there will be a **\$30.00 fee** charged to my account which I will be responsible for paying.

I have read and understand the instructions and will adhere to my responsibilities if granted a Letter of Permission.

\_\_\_\_\_  
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

Reason for LOP request