

Student Name:			Submit Completed LOP Application Form to:
U of R Student ID:			Social Work Student Services
E-mail:			Fax:(306) 585-4872E-mail:sw.studentservices@uregina.caMail:University of Regina, Faculty of Social Work
Visiting Institution:			3737 Wascana Parkway, Regina, SK S4S 0A2
(the institution that you'ı	re requesting to take cou	rses from)	
Course Title:			Course CODE (<i>e.g. ANTH 100</i>):
Course Credit Hrs:	Start Date:		End Date:
SW STUDENT SERVICES	S OFFICE USE:		
U of R Equivalent:		Credit Hrs:	Approved (Yes/No)
		_	
Course Title:			Course CODE
			End Date:
SW STUDENT SERVICES	S OFFICE USE:		
U of R Equivalent:		Credit Hrs:	Approved (Yes/No)
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Course Title:			Course CODE
Course Credit Hrs:	Start Date:		End Date:
SW STUDENT SERVICES	S OFFICE USE:		
U of R Equivalent:		Credit Hrs:	Approved (Yes/No)

Course Credit Hrs:Start Date:	End Date:
SW STUDENT SERVICES OFFICE USE:	
U of R Equivalent:	Credit Hrs: Approved (Yes/No)
Course Title:	Course CODE
Course Credit Hrs:Start Date:	End Date:
SW STUDENT SERVICES OFFICE USE:	

ACKNOWLEDGEMENTS:

U of R Equivalent:

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I acknowledge that grades from courses completed at other institutions are only used for admission purposes – thus they can be used toward my BSW Admission GPA. However, these grades will not be included in my graduating program GPA, or my SW GPA for practicum eligibility.

Credit Hrs: _____ Approved (Yes/No)

- Lunderstand that if I am approved to take courses from another institution, but I do not take those courses, I must notify the Faculty of Social Work in writing at <u>sw.studentservices@uregina.ca</u>.
- □ I am aware that the visiting institution may require me to pay fees for admission, transcripts or exam invigilation, in addition to fees for tuition and course materials.

J**niversity** of Regina

SW Advisor's Signature

