

Student Name: \_\_\_\_\_

U of R Student ID: \_\_\_\_\_

E-mail: \_\_\_\_\_

Visiting Institution: \_\_\_\_\_

*(the institution that you're requesting to take courses from)*

Submit Completed LOP Application Form to:

Social Work Student Services

**Fax:** (306) 585-4872

**E-mail:** [sw.studentservices@uregina.ca](mailto:sw.studentservices@uregina.ca)

**Mail:** University of Regina, Faculty of Social Work  
3737 Wascana Parkway, Regina, SK S4S 0A2

**1**

Course Title: \_\_\_\_\_ Course CODE (e.g. ANTH 100): \_\_\_\_\_

Course Credit Hrs: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

SW STUDENT SERVICES OFFICE USE:

U of R Equivalent: \_\_\_\_\_ Credit Hrs: \_\_\_\_\_ Approved (Yes/No) \_\_\_\_\_

**2**

Course Title: \_\_\_\_\_ Course CODE \_\_\_\_\_

Course Credit Hrs: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

SW STUDENT SERVICES OFFICE USE:

U of R Equivalent: \_\_\_\_\_ Credit Hrs: \_\_\_\_\_ Approved (Yes/No) \_\_\_\_\_

**3**

Course Title: \_\_\_\_\_ Course CODE \_\_\_\_\_

Course Credit Hrs: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

SW STUDENT SERVICES OFFICE USE:

U of R Equivalent: \_\_\_\_\_ Credit Hrs: \_\_\_\_\_ Approved (Yes/No) \_\_\_\_\_

**4**

Course Title: \_\_\_\_\_ Course CODE \_\_\_\_\_

Course Credit Hrs: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

SW STUDENT SERVICES OFFICE USE:

U of R Equivalent: \_\_\_\_\_ Credit Hrs: \_\_\_\_\_ Approved (Yes/No) \_\_\_\_\_

**5**

Course Title: \_\_\_\_\_ Course CODE \_\_\_\_\_

Course Credit Hrs: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

SW STUDENT SERVICES OFFICE USE:

U of R Equivalent: \_\_\_\_\_ Credit Hrs: \_\_\_\_\_ Approved (Yes/No) \_\_\_\_\_

### ACKNOWLEDGEMENTS:

- 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.
- I understand 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 [sw.studentservices@uregina.ca](mailto:sw.studentservices@uregina.ca).
- 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.
- I acknowledge that this is not a study abroad application, and that if I choose to travel to participate in this course, I assume all associated risks.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SW Advisor's Signature

\_\_\_\_\_  
Date

