



299 COLLEGE DR. S.E. Medicine Hat AB T1A 3Y6

# Letter of Permission

**Protection of Privacy**

The personal information collected through the Letter of Permission form is for students to be able to take a class at another institution and get credit for it here. This collection is authorized by Section 4(c) of the Protection of Privacy Act. For questions about the collection of this personal information please contact the Coordinator of Transfer Services at transfer@mhc.ab.ca, Medicine Hat College.

Student Information	
MHC ID#:	Date:
Student Name:	
Program Name:	Semester/Year Course(s) will be completed:
Post-Secondary Institution where courses will be taken:	

Course Requests			
Other Postsecondary Institution's Course Code and Title	Credits	MHC Equivalent Course Code and Title	Credits

Comments:

\_\_\_\_\_  
Program Coordinator or Subject Matter Expert\*  
\*See instructions on page 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean or Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Registrar or Registrar

\_\_\_\_\_  
Date

**Note to Student - By signing this document, you acknowledge and agree to the following:**

It is **your responsibility** to ensure that an official transcript is forwarded to the Registrar's Office at Medicine Hat College upon completion of your course(s). **No credit can be given until transcripts are received.**

You must achieve a minimum C- grade in the course(s) being taken at the other post-secondary institution. Some programs require a grade higher than C- for certain courses. See 'Program Progression' under your program in the Academic Calendar for more information.

\*Please attach a copy of a course description to this form. The Program Coordinator or Subject Matter Expert may also request additional information such as a course outline before granting permission

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

Date \_\_\_\_\_

This Letter of Permission allows a student to register in course(s) at another recognized postsecondary institution.

Upon successful completion, the approved credits will be applied toward the student's Medicine Hat College applied degree, diploma, or certificate program.

## **Instructions**

1. Complete sections for Student Information and Course Requests.
2. Compile all outlines for the other Post-Secondary Institution's courses listed in this form.
3. If the course being evaluated is dedicated to a specific program (ex. SLWK course codes in the Social Work program), submit this form and course outlines to your Program Coordinator.
4. For all other courses, please submit this form and course outlines to the Registrar's Office.
5. If this letter of permission is approved, you will receive an email containing further information.
6. When the courses listed in this form have been completed, have your official transcript sent directly from the other Post-Secondary Institution to the Registrar's Office at Medicine Hat College.
7. After having your transcript sent to the Registrar's Office, notify [transfer@mhc.ab.ca](mailto:transfer@mhc.ab.ca) to begin the review process.
8. Once received, Transfer Services will review your transcript for sufficient grades and award transfer credit accordingly.