

# Registrar's Office

Arts and Administration Building 6350 Coburg Road Halifax, NS B3H 2A1

Phone: (902) 422 1271 Fax: (902) 425 8183

# <u>Letter of Permission – Bachelor of Journalism (Honours)</u>

## Eligibility

- You must be registered in a degree programme at King's and be in good academic standing.
- · You must not owe any money to King's.
- You must not have exceeded the maximum number of transfer credits.
- The workload must not exceed King's limitations.
- The course at the other institution must be acceptable for transfer to King's.
- If an equivalent class is available at King's, approval may not be granted.

#### Procedure

- Submit this form, with class descriptions, to the Registrar's Office at King's before enrolling at the other institution. Failure to do so may result in courses not transferring to King's.
- If the class is approved, two signed copies of the form will be returned to you.
   You must send one copy to the other institution. The other copy is for your records.

- If you do not register for a class that has been approved, please have the other
  institution notify the Registrar's Office at King's. Otherwise, a grade of INC
  (incomplete) will be recorded on your King's record, this grade acts as an F on
  your record.
- Once you have completed the course, you must ensure that the other institution forwards an official transcript to the Registrar's Office at King's.

## Grades

- For classes taken at Canadian institutions, a letter grade will be recorded on your record.
- For courses taken at institutions outside Canada, grades of P (pass) or F (fail), as appropriate, will be recorded on your King's record.

## **Potential Graduates**

If this is your last class before graduation, you should be aware that graduation
may be delayed. If you have not already done so, please submit an application
for graduation.

Name:			Student Nu	mber:	Email:			
Ado	dress:							
I he	reby apply fo	or permission to	take the fo	llowing clas	s(es) as part of the co	ourse requ	irements for my	
Jou	rnalism degre	e program at th	e Universit	y of King's	College:			
Year 20/_ Start Date:					End Date:			
					For Department Use Only, Please Leave Blank			
	University	Department	Number	Semester	King's/Dalhousie	Credit	Department Approval /	
				(F/W/S)	Equivalent	Hours	Date	
1								
2								
3								
4								
5								
It is my responsibility to ensure that an official transcript, showing the grade for the above class, is sent to the Office of the Registrar, University of King's College. I understand that I am responsible for paying tuition fees to the external institution.								
Sig	nature of Stud	lent:		Date:				
App	proval is cond	litional upon a	cademic an	d financial	eligibility			
Dire	ector of Journ	nalism (if applic	eable):			Date:		
Reg	gistrar:				Date:			