

Request to Add Letter of Permission Courses to OSAP Assessment

Complete this form if you are enrolled in studies at another educational institution under a letter of permission for courses that will apply to your Brock University degree program.

We will use this information to add the course load and costs to your existing OSAP application here at Brock University.

To be completed by student:			
Last Name:		First Name:	
Brock ID:		Brock Email:	
SIN #:		Telephone:	
Courses Registered on Letter of	of Permission	Duration	
J			
may print your registration co-			through Athabasca University , you
, , ,	·	•	g, and submit them with this form.
To be completed by education Name of Institution	·	•	
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To be completed by educatio Name of Institution Phone Number	·	•	
To be completed by education Name of Institution Phone Number Fax Number	·	•	
To be completed by education Name of Institution Phone Number Fax Number	·	•	
To be completed by education Name of Institution Phone Number Fax Number	·	•	
To be completed by education Name of Institution Phone Number Fax Number Courses Registered Study Start Date	·	•	
To be completed by education Name of Institution Phone Number Fax Number Courses Registered	·	•	
To be completed by education Name of Institution Phone Number Fax Number Courses Registered Study Start Date	·	•	

Submit completed form to:

Book and Supply Costs
Official Name & Title
Official Signature

Brock University Brock Central - 3rd Floor, Schmon Tower 1812 Sir Isaac Brock Way St. Catharines, Ontario L2S 3A1

Date

Date Received:	Date Processed: