



DALHOUSIE
UNIVERSITY

Registrar's Office

Room 130, 6299 South Street Henry
Hicks Academic Administration Bldg
PO Box 15000
Halifax, NS B3H 4R2

Confirmation of Registration at Host University

(For students on letter of permission, exchange, or study abroad programs)

To be completed by the Student				
Last Name:		First Name:		
Dalhousie ID:				
To be completed by the Host Institution				
Please complete this form once student has formally registered for courses.				
Institution's Full Name:				
Confirmed Course/Module Registration at Host Institution				
Course/Module Code and Name	Credit Hours	% of Full Course/Module Load	Course/Module Start Date:	Course/Module End Date:
Tuition Charged:			Other Mandatory Fees: (excluding housing)	
School Official Signature:			Date:	
Printed Name:				
Position Title:				
Email:				
Phone #:		Fax #:		

Please return completed form to:

Front Counter
Registrar's Office, Dalhousie University
PO Box 15000 Halifax, NS B3H 4R2

fcounter@dal.ca

fax: 902 494-1630