

APPLICATION FOR A LETTER OF PERMISSION

Student Name:

Student Number:

Contact Information:

Title of Desired Course:

**Specific Location of Desired Course:
(i.e., Emmanuel, TST)**

Instructor Name:

**Reason for Requesting Letter of
Permission:**

**Applicable Term / Session:
(i.e., Term 2 / 2004-2005)**

Student Signature:

Date of Request:

*On separate pages, please attach the proposed course outline.
Attach this cover page to the course outline and submit it to the Registration Office
for processing and approval. Letters of Permission may not be processed without it.*

FOR OFFICE USE ONLY:

Approval of Registrar:

Registration Course Code:
